


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2006 OCT -5 PM 1:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L02000019165</b> 1. Entity Name COOL ZONE OF VERO BEACH, LC	
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Principal Place of Business 2020 OLD DIXIE HWY SE, #5 VERO BEACH, FL 32962	Mailing Address 2020 OLD DIXIE HWY SE, #5 VERO BEACH, FL 32962
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>51-0421758</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	



<b>6. Name and Address of Current Registered Agent</b>  LACHNITT, CARL A 2020 OLD DIXIE HWY. #5 VERO BEACH, FL 32962	
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<b>7. Name and Address of New Registered Agent</b>  Name <b>Tom Tarasovic</b> Street Address (P.O. Box Number is Not Acceptable)  <b>2020 Old Dixie Hwy. #5</b> City <b>Vero Beach</b>		State <b>FL</b>	Zip Code <b>32962</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Tom Tarasovic* DATE 10/4/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAKER, STEPHEN A 233 13TH LN SW VERO BEACH, FL 32962 <div style="text-align: right;"><input type="checkbox"/> Delete</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Tarasovic, Tom 2020 Old Dixie Hwy., #5 Vero Beach, FL 32962 <div style="text-align: right;"><input type="checkbox"/> Delete</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Tom Tarasovic* DATE 10/4/06 (772)633-3638

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #