

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000019165

1. Entity Name  
COOL ZONE OF VERO BEACH, LC



FILED

2006 OCT -5 PM 1:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10042006 REIN-LLC CR2E101 (11/05)

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
51-0421758

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LACHNITT, CARL A  
2020 OLD DIXIE HWY.  
#5  
VERO BEACH, FL 32962

7. Name and Address of New Registered Agent

Name  
Tom Tarasovic  
Street Address (P.O. Box Number is Not Acceptable)  
2020 Old Dixie Hwy. #5  
City Vero Beach FL Zip Code 32962

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  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/4/06

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  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE VP  
NAME BAKER, STEPHEN A  
STREET ADDRESS 233 13TH LN SW  
CITY-ST-ZIP VERO BEACH, FL 32962 ☐ Delete

TITLE President  
NAME Tarasovic, Tom  
STREET ADDRESS 2020 Old Dixie Hwy., #5  
CITY-ST-ZIP Vero Beach, FL 32962 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
800080693148  
10/10/06--01089--001 \*\*\$50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

10/4/06 (772)633-3638