

2006 LIMITED LIABILITY COMPANY, REINSTATEMENT

DOCUMENT # L02000028304

1. Entity Name
VILLAS, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN -8 AM 10:51

Principal Place of Business
C/O ROBERT S. FONNAN, P.A.
2101 WEST COMMERCIAL BLVD., SUITE 4100
FORT LAUDERDALE, FL 33309

Mailing Address
1573 E HARMONY LAKE CIR
DAVIE, FL 33324

2. Principal Place of Business
C/O Robert S. Forman, P. A.

3. Mailing Address

Suite, Apt. #, etc. Suite 2800
2101 W. Commercial Blvd.,

Suite, Apt. #, etc.

06062006 REIN-LLC CR2E101 (11/05)

City & State
Fort Lauderdale, FL

City & State

4. FEI Number
APPLIED FOR

Applied For
☒ Not Applicable

Zip
33309

Country
US

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FORMAN, ROBERT S ESQ
2101 WEST COMMERCIAL BLVD., SUITE 4100
FORT LAUDERDALE, FL 33309

Name
Mark J. Lynn, Esquire

Street Address (P.O. Box Number is Not Acceptable)
C/O Robert S. Forman, P. A.

2101 W. Commercial Blvd., Suite 2800

City
Fort Lauderdale FL Zip Code
33309

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 Mark J. Lynn, Esquire 6/6/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$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

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME ELMES, TIMOTHY
STREET ADDRESS C/O 2101 WEST COMMERCIAL BLVD., SUITE 4100
CITY-ST-ZIP FT LAUDERDALE, FL 33309

TITLE MGRM ☒ Change ☐ Addition
NAME Elmes, Timothy
STREET ADDRESS C/O 2101 West Commercial Blvd., #2800
CITY-ST-ZIP Fort Lauderdale, FL 33309

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

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:

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

6/6/06

Date

954-735-0000

Daytime Phone #

Mark J. Lynn as Authorized Representative of Member