

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000035150

Entity Name: BELVEDERE SHOPPS, LLC

**FILED**  
**Apr 25, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

439 SE PT ST. LUCIE BLVD #109  
PORT SAINT LUCIE, FL 34984

**New Principal Place of Business:**

10850 KIMBERFYLD LANE  
PORT SAINT LUCIE, FL 34986

**Current Mailing Address:**

439 SE PT ST. LUCIE BLVD #109  
PORT SAINT LUCIE, FL 34984

**New Mailing Address:**

10850 KIMBERFYLD LANE  
PORT SAINT LUCIE, FL 34986

FEI Number: 01-0765228

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PARUPIA, ARIF  
430 SE PT ST LUCIE BLVD #109  
PORT SAINT LUCIE, FL 34984 US

**Name and Address of New Registered Agent:**

PARUPIA, ARIF  
10850 KIMBERFYLD LANE  
PORT SAINT LUCIE, FL 34986 US

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.

SIGNATURE: ARIF PARUPIA

04/25/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PVTS ( ) Delete  
Name: PARUPIA, ARIF H  
Address: 439 SE PT ST. LUCIE BLVD #109  
City-St-Zip: PORT SAINT LUCIE, FL 34984

**ADDITIONS/CHANGES:**

Title: PVTS (X) Change ( ) Addition  
Name: PARUPIA, ARIF H  
Address: 10850 KIMBERFYLD LANE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ARIF PARUPIA

MGRM

04/25/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date