

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000005641

1. Entity Name  
CASA DEL GRECO LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB 18 AM 11:41

Principal Place of Business  
8411 PRESTON ROAD, SUITE 650  
DALLAS, TX 75225

Mailing Address  
8411 PRESTON ROAD, SUITE 650  
DALLAS, TX 75225

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02112005 REIN-LLC

CR2E101 (6/04)

4. FEI Number

Applied For  
Not Applicable

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

MASTRIANA, F. RONALD ESQ.  
C/O MASTRIANA & CHRISTIANSEN, P.A.  
1500 N. FEDERAL HWY., SITE 200  
FORT LAUDERDALE, FL 33304

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

F. Ronald Mastriana

2-11-05

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 MGR ☐ Delete  
NAME CROSLAND, LUCIEN B  
STREET ADDRESS 8411 PRESTON ROAD, SUITE 650  
CITY-ST-ZIP DALLAS, TX 75225

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(i), 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:

*Lucien B. Crosland*

2-11-05

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

Date

Daytime Phone #

REINSTATEMENT 04-05

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03/01/05--01004--008 \*\*100.00