

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
04 DEC -8 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NK



12062004 REIN-LLC CR2E101 (6/04)

4. FEI Number 65-1181098 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

BELSON, STEVEN A ESQ.
2000 GLADES RD., STE. 300
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name **Steven A. Belson, Esq.**
Street Address (P.O. Box Number is Not Acceptable)
2500 N. Military Trail, Suite 465
City **Boca Raton** FL Zip Code **33431**

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 Steven A. Belson, Esq. 12/7/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2005, 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 **Managing Member** ☐ Delete
NAME **Delano C. Sta. Ana**
STREET ADDRESS **17698 Middlebrook Way**
CITY-ST-ZIP **Boca Raton, Florida 33496**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **Managing Member** ☐ Change ☒ Addition
NAME **Delano C. Sta. Ana**
STREET ADDRESS **17698 Middlebrook Way**
CITY-ST-ZIP **Boca Raton, Florida 33496**

300043681523
12/28/04--01056--007 **50.00 ☐ Change ☐ Addition

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

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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: Delano C. Sta. Ana 12/7/04 201 4705321
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

REINSTATEMENT 2004

L03000011483

DESTA ENTERPRISES, LLC
17698 Middlebrook Way
Boca Raton, FL 33496
(561) 558-0226

FILED
04 DEC -8 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 6, 2004

BK

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: Desta Enterprises, LLC

To Whom it May Concern:

Please waive any penalty fees as the Annual Report for 2004 was never received by the Limited Liability Company.

Very truly yours,

DESTA ENTERPRISES, LLC



By: Delano N. Sta. Ana, Managing Member