

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000019537

**FILED**  
**Mar 17, 2005**  
**Secretary of State**

**Entity Name:** GULF COAST CENTER, LLC

**Current Principal Place of Business:**

4851 TAMIAMI TRAIL NORTH, SUITE 300  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

4851 TAMIAMI TRAIL NORTH, SUITE 300  
NAPLES, FL 34103

**New Mailing Address:**

**FEI Number:** 51-0469401

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CONROY, J. THOMAS III  
2640 GOLDEN GATE PARKWAY, SUITE 115  
NAPLES, FL 34105 US

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

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: J. THOMAS CONROY, III

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: DEANGELIS, RAYMOND J  
Address: 4851 TAMIAMI TRAIL NORTH, SUITE 300  
City-St-Zip: NAPLES, FL 34103

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RAYMOND J. DEANGELIS

MGRM

03/17/2005

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