

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000037523

1. Entity Name
CASA VILLAGIO, LLC



FILED

04 OCT 25 PM 4:14

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH, 1

Principal Place of Business
1509 N. MILITARY TRAIL
WEST PALM BEACH, FL 33409 US

Mailing Address
1509 N. MILITARY TRAIL
WEST PALM BEACH, FL 33409 US



2. Principal Place of Business

3. Mailing Address

10222004 REIN-LLC

CR2E101 (6/04)

10/25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2404273

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARUSO, DENNIS J
1509 N. MILITARY TRAIL
WEST PALM BEACH, FL, FL 33409

7. Name and Address of New Registered Agent

Name
DeSantis Gaskill Smith & Shentman PA.
Street Address (P.O. Box Number is Not Acceptable)
Attn: Robert C. Hackney, Esq
11891 US Highway One Ste 100
City North Palm Beach FL Zip Code 33408

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CARUSO, DENNIS J
15009 N. MILITARY TRAIL
WEST PALM BEACH, FL 33409 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
600042160446
10/25/04-01071-018 **\$50.00

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
REINSTATEMENT 2004

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
w/o penalty

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:

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

Date

Daytime Phone #

[Signature] Robert C. Hackney 10/21/04 (561) 622-2700