

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000038163

1. Entity Name
CASA SUL LAGO, LLC



FILED

04 OCT 25 PM 4:14

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10192004 REIN-LLC

CR2E101 (6/04)

10/25

4. FEI Number
52-2404272

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 33409

7. Name and Address of New Registered Agent

Name: *DeSantis, Gaskill, Smith & Sherkman, PA*
Street Address (P.O. Box Number is Not Acceptable):
Attn: Robert C. Hackney, Esq.
11891 US Highway 1, Ste 100
City: *North Palm Bch* 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.

Robert C. Hackney
(NOTE: Registered Agent signature required when reinstating)

10/19/04
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: MGRM
NAME: CARUSO, DENNIS J
STREET ADDRESS: 1509 N. MILITARY TRAIL
CITY-ST-ZIP: WEST PALM BEACH, FL 33409 ☐ Delete

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

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

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS: 300042160543
CITY-ST-ZIP: 10/25/04--01071--020 **50.00

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

TITLE: ☐ Change ☐ Addition
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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:

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

Albert Boyd Jr. Manager

Date

Daytime Phone #

10/20/04 (Su) 306-2771

REINSTATEMENT

W/o penalty