

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 30 AM 8:53

DOCUMENT # L03000042793

1. Entity Name
CASA DEL RIO LLC



Principal Place of Business
6300 ALLISON RD.
MIAMI BEACH, FL 33141

Mailing Address
6300 ALLISON RD.
MIAMI BEACH, FL 33141

2. Principal Place of Business
6300 Allison Rd
Suite, Apt. #, etc.
MIAMI BEACH
City & State
FLORIDA

3. Mailing Address
6300 Allison Rd.
Suite, Apt. #, etc.
City & State
MIAMI BEACH FL

Zip
33141
Country
U.S.A
Zip
33141
Country
U.S.A

09202005 REIN-LLC CR2E101 (6/04)

4. FEI Number
20-0382716
Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name
RAVI ROOPNARINE
Street Address (P.O. Box Number is Not Acceptable)
6300 Allison Rd
City
MIAMI BEACH FL Zip Code
33141

ROOPNARINE, RAVI
6300 ALLISON RD.
MIAMI BEACH, FL 33141

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
RAVI ROOPNARINE
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Make check payable to
Florida Department of State

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$200.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROOPNARINE, RAVI 6300 ALLISON RD MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 2005

300060603853
10/14/05--01006--005 **150.00

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

SEPT. 23 - 05 -
Date Daytime Phone #