

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

**DOCUMENT # L03000046825**

1. Entity Name  
**GREENVIEW PARKING LLC**



**FILED**  
**2004 NOV -3 PM 12:48**  
**DIVISION OF CORPORATIONS**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business  
**2800 NE 26TH COURT  
C/O STEVE SANTOLLA  
FORT LAUDERDALE, FL 33306**

Mailing Address  
**2800 NE 26TH COURT  
C/O STEVE SANTOLLA  
FORT LAUDERDALE, FL 33306**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



10282004 REIN-LLC CR2E101 (6/04)

4. FEI Number  
**20-0301624**

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

6. Name and Address of Current Registered Agent  
**SANTOLLA, STEVE  
2800 NE 26TH COURT  
FORT LAUDERDALE, FL 33306**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SANTOLLA, STEVE 2800 NE 26TH COURT FORT LAUDERDALE, FL 33306</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**504226901370**  
**08/09/04 -- 90147.001 -- \$50.00**

**REINSTATEMENT 2004**

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:** \_\_\_\_\_ **10/28/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #