

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2009 FEB 24 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02192009 REIN-LLC CR2E101 (1/07)

4. FEI Number 33-0427503 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

ZEDECK, LEONARD E
13790 N.W. 4TH STREET, SUITE 113
SUNRISE, FL 33325

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]* DATE

FILE NOW!!! FEE IS \$277.50

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 MGR
NAME CAMPBELL, GEORGE
STREET ADDRESS 1801 CLINT MOORE RD SUITE 217
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 13790 N W 4th Street, Suite 113
CITY-ST-ZIP Sunrise, FL 33325

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 exemptions contained in Chapter 119, 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.

GULF COAST CUSTOM BUILDERS, LLC

SIGNATURE: By: *George Campbell* DATE Daytime Phone #

SIGNATURE AND TYPE OF OFFICER, DIRECTOR, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE