

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000012987

FILED
Oct 06, 2009
Secretary of State

Entity Name: THE VILLAS AT PINE KEY, LLC

Current Principal Place of Business:

1913 PINE KEY BLVD
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

1913 PINE KEY BLVD
SEBRING, FL 33870

New Mailing Address:

FEI Number: 20-0830973 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DISLER, MICHAEL M
329 SOUTH COMMERCE AVENUE
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

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.

SIGNATURE: MICHAEL DISLER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SECOR, MICHAEL
Address: 622 MARAVILLA AVENUE
City-St-Zip: SEBRING, FL 33872

Title: MGRM () Delete
Name: SECOR, SHERRY
Address: 622 MARAVILLA AVENUE
City-St-Zip: SEBRING, FL 33872

Title: MGRM () Delete
Name: DISLER, MICHAEL M
Address: 3734 CREEKSIDE DRIVE
City-St-Zip: SEBRING, FL 33875

Title: MGRM () Delete
Name: DISLER, CAROLE A
Address: 3734 CREEKSIDE DRIVE
City-St-Zip: SEBRING, FL 33875

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL SECOR

MGRM

10/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date