

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000020905

**FILED**  
**Apr 09, 2006**  
**Secretary of State**

**Entity Name:** COASTAL RESIDENTIAL CONTRACTORS, LLC

**Current Principal Place of Business:**

4115 HEADSAIL DR  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

3423 LINTOWER DRIVE  
LAND O LAKES, FL 34638

**Current Mailing Address:**

4115 HEADSAIL DR  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

3423 LINTOWER DRIVE  
LAND O LAKES, FL 34638

**FEI Number:** 04-3789320      **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:**

REHKOP, JASON L  
4115 HEADSAIL DR  
NEW PORT RICHEY, FL 34652      US

**Name and Address of New Registered Agent:**

IVAN, WEST R  
3423 LINTOWER DRIVE  
LAND O LAKES, FL 34638      US

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: IVAN R. WEST

04/09/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: PRES ( ) Change (X) Addition  
Name: IVAN, WEST R  
Address: 3423 LINTOWER DRIVE  
City-St-Zip: LAND O LAKES, FL 34638

I hereby certify that the information supplied with this filing does not qualify for the 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: IVAN R WEST

PRES

04/09/2006

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