

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB -8 AM 11:00

DOCUMENT # L04000038179

1. Entity Name
CASTLE BEACH, LLC



Principal Place of Business
9735 SW 49 ST
MIAMI, FL 33165

Mailing Address
9735 SW 49 ST
MIAMI, FL 33165

2. Principal Place of Business
10575 S.W. 59st.
Suite, Apt. #, etc.

3. Mailing Address
10575 S.W. 58st
Suite, Apt. #, etc.



02072006 REIN-LLC CR2E101 (11/05)

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
Applied For
Not Applicable

Zip
33173

Country

Zip
33173

Country

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

6. Name and Address of Current Registered Agent

FERNANDEZ, CARMEN
10575 S.W. 58 STREET
MIAMI, FL 33173

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 CARMEN FERNANDEZ
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2/7/06
DATE

FILE NOW!!! FEE IS \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME FELIPE, ILIANA
STREET ADDRESS 9735 SW 49 ST
CITY-ST-ZIP MIAMI, FL 33165 ☒ Delete

TITLE MGRM
NAME CARMEN FERNANDEZ
STREET ADDRESS 10575 S.W. 58 ST
CITY-ST-ZIP MIAMI, FL 33173 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
900066837199
02/28/06--01055--010 **205.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition
REINSTATEMENT 05-06

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE: CARMEN FERNANDEZ 2/1/06 305-588-8498
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #