

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 NOV 14 AM 9:33

DOCUMENT # L04000038660

1. Entity Name  
TROPICAL WAVES DEVELOPMENT GROUP, LLC



Principal Place of Business  
MORRISON & CAUDILL, PL  
4933 TAMiami TRAIL NORTH, STE 200  
NAPLES, FL 34103

Mailing Address  
1790 TOWN PARK BLVD, STE B  
UNIONTOWN, OH 44685

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09192006 REIN-LLC CR2E101 (11/05)

4. FEI Number  
20-1011564

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARRIERO, ADAM L  
2288 HAWKSRIIDGE LOOP  
NAPLES, FL 34105

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

9.25.0006

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2007, Fee will be \$200.00**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
HAMRICK, DAVID M  
1790 TOWN PARK BLVD, STE B  
UNIONTOWN, OH 44685 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
500081767575  
11/14/06--01062--002 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
BARNHART, R. TODD  
1790 TOWN PARK BLVD, STE B  
UNIONTOWN, OH 44685 ☐ Delete

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

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**REINSTATEMENT 2006**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

10/1/06