

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000043884

**FILED**  
**Jun 06, 2007**  
**Secretary of State**

**Entity Name:** TRESKA PLACE, LLC

**Current Principal Place of Business:**

10 TRAE LANE  
SEAGROVE BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

10 TRAE LANE  
SEAGROVE BEACH, FL 32459

**New Mailing Address:**

**FEI Number:** 20-1249486      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

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

BRAD CONGLETON  
50 UPTOWN GRAYTON CIRCLE  
15  
SANTA ROSA BEACH, FL 32459 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: BRAD CONGLETON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: SANDERS, ROBERT  
Address: 10 TRAE LANE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

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

Title: MGRM ( ) Delete  
Name: SANDERS, JONATHAN  
Address: 289 WILLIAMS STREET  
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: ROBERT SANDERS

MGRM

06/06/2007

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