L04000051022

FILED

2006 MAY 30 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000051022

1. Entity Name
CHATEAUX PARK, LLC

'05

BK

Principal Place of Business
1781 HARBOR POINT CIRCLE
WESTON, FL 33327 1332

Mailing Address
% MICHAEL P. HAYMANS, ESQ /FARR FARR ET AL
POST OFFICE DRAWER 511447
PUNTA GORDA, FL 33951-1447

05172006 REIN-LLC CR2E101 (11/05)

2. Principal Place of Business

3. Mailing Address
1781 Harbor Point Circle

Suite, Apt # etc

Suite, Apt # etc

City & State

City & State
Weston, FL

Zip

Country

Zip
33327

Country
USA

4. FEI Number 20-1342397

Applied For
Not Applicable

5. Certificate of Status Desired

$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HAYMANS, MICHAEL P ESQUIRE
FARR, FARR, EMERICH, SIFRIT ET AL PA
99 NESBIT STREET
PUNTA GORDA, FL 33950

7. Name and Address of New Registered Agent

Name
Atrium Registered Agents, Inc.
Street Address (P.O. Box Number is Not Acceptable)
1500 San Remo Ave. Suite 125

City Coral Gables FL Zip Code 33146

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 JOSE NUÑEZ, VP 5/26/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $100.00

In accordance with s. 607.193(2)(b), F.S. the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE MGR NAME Duhau, Alberto STREET ADDRESS 1781 Harbor Point Circle CITY-ST-ZIP Weston, FL 33327	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP 000075896096 06/07/06--01003--008 **105.00	☐ Addition
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REINSTATEMENT 2005-2006

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: ALBERTO DUHAU MAY 17th 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date