

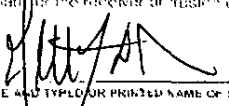
L04000051022

FILED

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

2006 MAY 30 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000051022			
1. Entity Name CHATEAUX PARK, LLC		05	
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	
2. Principal Place of Business		3. Mailing Address 1781 Harbor Point Circle	
Suite, Apt. # etc		Suite, Apt. # etc	
City & State Weston, FL		City & State Weston, FL	
Zip 33327	Country USA	4. FEI Number 20-1342397	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required		Applied For ☐ Not Applicable	
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 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 this original one of registered agent.			
SIGNATURE 		JOSE NUNEZ, VP 5/26/06	
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	
FILE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☒ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, Florida Statutes. I further certify that the information indicated on this reporting 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 authorized business representative to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		ALBERTO DUHAU	
SIGNATURE AND TYPE YOUR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		MAY 17th 2006	

REINSTATEMENT 2005-2006



05172006 REIN-LLC CR2E101 (11/05)

4. FEI Number 20-1342397

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

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

City Coral Gables FL 33146

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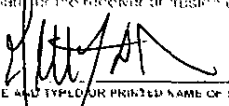
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SIGNATURE:  ALBERTO DUHAU MAY 17th 2006