

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000052331

**FILED**  
**Jun 01, 2006**  
**Secretary of State**

**Entity Name:** THE VILLAS ON GROVE, LLC

**Current Principal Place of Business:**

800 5TH STREET N.  
ST. PETERSBURG, FL 33701 US

**New Principal Place of Business:**

**Current Mailing Address:**

800 5TH STREET N.  
ST. PETERSBURG, FL 33701 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SANDERS LAW GROUP, PA  
2837 1ST AVENUE N  
ST. PETERSBURG, FL 33713 US

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

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: CHRISTOPHER C SANDERS ESQ

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MATTHEWS, ROBERT F  
Address: 800 5TH STREET N  
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: MRGM ( ) Delete  
Name: WEST, BRADFORD C  
Address: 11104 HARBORSIDE DR  
City-St-Zip: LARGO, FL 33773 US

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 F MATTHEWS

MGRM

06/01/2006

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