

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 OCT 11 AM 9:43

DOCUMENT # L04000052489

1. Entity Name  
O.T.C. OF THE TREASURE COAST, LLC



Principal Place of Business  
858 SW PAUL REVERE TERRACE  
PORT ST. LUCIE, FL 34953

Mailing Address  
858 SW PAUL REVERE TERRACE  
PORT ST. LUCIE, FL 34953

2. Principal Place of Business  
100 SW ALBANY, AVE.

Suite, Apt. #, etc.  
Suite 300

City & State  
Stuart, FL.

Zip  
34994

Country  
USA

3. Mailing Address  
100 SW ALBANY, AVE

Suite, Apt. #, etc.  
Suite 300

City & State  
Stuart, FL.

Zip  
34994

Country  
USA



10102005 REIN-LLC CR2E101 (6/04)

4. FEI Number  
03-0545970

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

STEFAN, JONATHAN  
858 SW PAUL REVERE TERRACE  
PORT ST. LUCIE, FL 34953

7. Name and Address of New Registered Agent

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

10-10-05

FILE NOW!!! FEE IS \$50.00  
After January 1, 2006, Fee will be \$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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
STEFAN, JONATHAN  
858 SW PAUL REVERE TERRACE  
PORT ST. LUCIE, FL 34953 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ZARRO, PASQUALE  
858 SW PAUL REVERE TERRACE  
PORT ST. LUCIE, FL 34953 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BEATTY, SAMUEL  
858 SW PAUL REVERE TERRACE  
PORT ST. LUCIE, FL 34953 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
400060498094  
10/11/05--01056--022 \*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
100 SW Albany Ave -  
Stuart, FL. 34994

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
100 SW Albany Ave.  
Stuart, FL. 34994

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

10-10-05

Date

770-201-6831

Daytime Phone #