

# 2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000057221

**FILED**  
**Mar 23, 2010**  
**Secretary of State**

**Entity Name:** COASTAL LIVING REAL ESTATE, LLC

**Current Principal Place of Business:**

220 DUNLAWTON AVENUE  
PORT ORANGE, FL 32127 US

**New Principal Place of Business:**

**Current Mailing Address:**

220 DUNLAWTON AVENUE  
PORT ORANGE, FL 32127 US

**New Mailing Address:**

FEI Number: 20-1442543

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FAMILIA, WILLIAM W  
4757 S. ATLANTIC AVENUE  
SUITE 202  
PONCE INLET, FL 32127 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: WILLIAM W. FAMILIA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FAMILIA, WILLIAM W  
Address: 4757 S. ATLANTIC AVENUE, SUITE 202  
City-St-Zip: PONCE INLET, FL 32127 US

Title: MGR  
Name: FAMILIA, MELINDA M  
Address: 4757 S. ATLANTIC AVENUE, SUITE 202  
City-St-Zip: PONCE INLET, FL 32127 US

I hereby 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: WILLIAM W. FAMILIA

PRES

03/23/2010

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