

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000058380

**FILED**  
**Feb 09, 2006**  
**Secretary of State**

**Entity Name:** SANDCASTLE FLOORS LLC

**Current Principal Place of Business:**

1800 OLD MOODY BLVD STE. 1  
BUNNELL, FL 32110

**New Principal Place of Business:**

355 N RIDGEWOOD AVE  
EDGEWATER, FL 32132

**Current Mailing Address:**

53 RYDER DR  
PALM COAST, FL 32164

**New Mailing Address:**

PO BOX 893  
EDGEWATER, FL 32132

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

ORTIZ, LISA M  
53 RYDER DR  
PALM COAST, FL 32164 US

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

ORTIZ, LISA M  
335 N RIDGEWOOD AVE  
EDGEWATER, FL 32132 US

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: LISA M ORTIZ

02/09/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ORTIZ, LISA M  
Address: 53 RYDER DR  
City-St-Zip: PALM COAST, FL 32164

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ORTIZ, LISA M  
Address: 335 N RIDGEWOOD AVE  
City-St-Zip: EDGEWATER, FL 32132

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: LISA M ORTIZ

MGR

02/09/2006

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