

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000059283

**FILED**  
**May 12, 2006**  
**Secretary of State**

**Entity Name:** WEST COAST FURNITURE, LLC

**Current Principal Place of Business:**

1712 COMMERCIAL DR  
NAPLES, FL 34112

**New Principal Place of Business:**

27180 BAY LANDING DRIVE  
SUITE 7  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

1712 COMMERCIAL DR  
NAPLES, FL 34112

**New Mailing Address:**

27180 BAY LANDING DRIVE  
SUITE 7  
BONITA SPRINGS, FL 34135

**FEI Number:** 42-1645969      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

NAPLES-LAWDOCK, INC.  
1395 PANTHER LANE  
SUITE 300  
NAPLES, FL 34109 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:** KEVIN CARMICHAEL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** CHESTNUT, CORNELIA  
**Address:** 1712 COMMERCIAL DR  
**City-St-Zip:** NAPLES, FL 34112

**Title:** MGR      ( ) Delete  
**Name:** CHESTNUT, TIMOTHY  
**Address:** 1712 COMMERCIAL DR  
**City-St-Zip:** NAPLES, FL 34112

**ADDITIONS/CHANGES:**

**Title:** PRES      (X) Change ( ) Addition  
**Name:** CHESTNUT, CORNELIA  
**Address:** 27180 BAY LANDING DRIVE SUITE 7  
**City-St-Zip:** BONITA SPRINGS, FL 34135

**Title:** MGR      (X) Change ( ) Addition  
**Name:** CHESTNUT, TIMOTHY  
**Address:** 27180 BAY LANDING DRIVE SUITE 7  
**City-St-Zip:** BONITA SPRINGS, FL 34135

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:** CORNELIA J. CHESTNUT

PRES

05/12/2006

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