
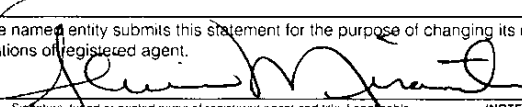
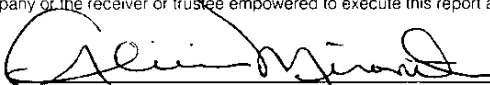


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 DEC 28 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000067438					
1. Entity Name CASABELLA DEVELOPERS, L.C.					
Principal Place of Business 5624 8TH STREET WEST SUITE 111 LEHIGH ACRES, FL 33971			Mailing Address 13141 MCGREGOR BLVD SUITE 5 FORT MYERS, FL 33919		
2. Principal Place of Business - No P.O. Box # 5624 8TH ST WEST		3. Mailing Address 5624 8TH STREET WEST			
Suite, Apt. #, etc. Suite 111		Suite, Apt. #, etc. Suite 111			
City & State Lehigh Acres FL		City & State Lehigh Acres			
Zip 33971	Country Lee	Zip 33971	Country Lee		
4. FEI Number 20-1609799			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent MIRAMONTES, ALICIA 13141 MCGREGOR BLVD SUITE 5 FORT MYERS, FL 33919			7. Name and Address of New Registered Agent Name: MIRAMONTES Alicia Street Address (P.O. Box Number is Not Acceptable): 5624 8TH STREET WEST SUITE 111 City: Lehigh Acres FL Zip Code: 33971		
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: 		DATE: 12/20/07			
FILE NOW!!! FEE IS \$50.00 After January 1, 2008, 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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MIRAMONTES, ALICIA 13141 MCGREGOR BLVD STE 5 FORT MYERS, FL 33919	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALICIA MIRAMONTES 5624 8TH STREET WEST Suite 111 Lehigh Acres FL 33917
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500113435925 12/27/07--01029--001 **50.00
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<div style="display: flex; justify-content: space-between;"> <div>REINSTATEMENT</div> <div>07</div> </div>					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		DATE: 12/20/07 239-			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	