

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000068957

Entity Name: GRAND COASTAL, LLC

FILED
Apr 18, 2007
Secretary of State

Current Principal Place of Business:

939 JENKS AVENUE
PANAMA CITY, FL 32401

New Principal Place of Business:

13109 OLEANDER DR
PANAMA CITY BEACH, FL 32407

Current Mailing Address:

939 JENKS AVENUE
PANAMA CITY, FL 32401

New Mailing Address:

P.O. BOX 19404
PANAMA CITY BEACH, FL 32417

FEI Number: 20-3221220 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:

HASSAN, TEHRANI
13109 OLEANDER DRIVE
PANAMA CITY BEACH, FL 32407 US

Name and Address of New Registered Agent:

HT, TEHRANI
13109 OLEANDER DRIVE
PANAMA CITY BEACH, FL 32417 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: HT TEHRANI

04/18/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TEHRANI, HT
Address: PO BOX 19404
City-St-Zip: PANAMA CITY, FL 32417

Title: MGRM () Delete
Name: NARHET, LLC,
Address: PO BOX 19404
City-St-Zip: PANAMA CITY BEACH, FL 32417

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: HT TEHRANI

MGR

04/18/2007

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