

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000075001

**FILED**  
**Oct 12, 2005**  
**Secretary of State**

**Entity Name:** COASTAL SERVICES OF FLORIDA, LLC

**Current Principal Place of Business:**

3175 WILLFEE ROAD  
FT. PIERCE, FL 34982 US

**New Principal Place of Business:**

1820 N.E. JENSEN BEACH BLVD.  
JENSEN BEACH, FL 34957 US

**Current Mailing Address:**

3175 WILLFEE ROAD  
FT. PIERCE, FL 34982 US

**New Mailing Address:**

1820 N.E. JENSEN BEACH BLVD.  
JENSEN BEACH, FL 34957 US

**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:**

MARTINEZ, MANUEL  
3175 WILLFEE ROAD  
FT. PIERCE, FL 34982 US

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

MARTINEZ, MANUEL  
1820 N.E. JENSEN BEACH BLVD.  
JENSEN BEACH, FL 34957 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: MANUEL MARTINEZ

10/12/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: PRES ( ) Change (X) Addition  
Name: MARTINEZ, MANUEL PRES  
Address: 1820 N.E. JENSEN BEACH BLVD.  
City-St-Zip: JENSEN BEACH, FL 34957

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MANUEL MARTINEZ

PRES

10/12/2005

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