

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000079835

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**Entity Name:** SKYWAY COMMERCIAL CONDOMINIUM, LLC

**Current Principal Place of Business:**

LTC SCOTT BEACH  
679 LINNEVILLE FALLS DR.  
W. MELBOURNE, FL 32904 US

**New Principal Place of Business:**

**Current Mailing Address:**

LTC SCOTT BEACH  
679 LINNEVILLE FALLS DR.  
W. MELBOURNE, FL 32904 US

**New Mailing Address:**

LTC SCOTT BEACH  
679 LINVILLE FALLS DR.  
W. MELBOURNE, FL 32904 US

**FEI Number:** 20-2382870

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BEACH, SCOTT N  
679 LINNEVILLE FALLS DR  
WEST MELBOURNE, FL 32904 US

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

BEACH, SCOTT N  
679 LINVILLE FALLS DR  
WEST MELBOURNE, FL 32904 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: LTC SCOTT N BEACH

04/13/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BEACH, SCOTT N  
Address: 679 LINVILLE FALLS DR  
City-St-Zip: MELBOURNE, FL 32904 US

I hereby 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: LTC SCOTT N BEACH

MGRM

04/13/2011

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