

L04000090236

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

85 OCEAN WOODS, LLC

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Florida Dept. of State No. 2296 P. 2



January 23, 2006

MORAN & SHAMS, P.A.

SUBJECT: 85 OCEAN WOODS, LLC
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FLORIDA DEPARTMENT OF STATE
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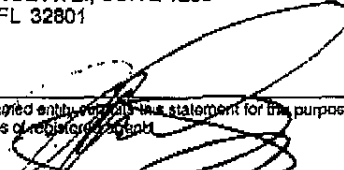
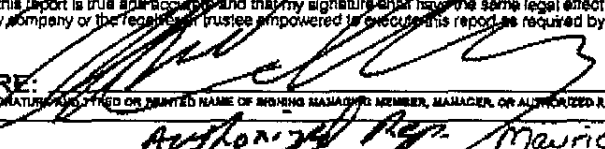
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No. 2296 P. 3

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000090236			
1. Entity Name 85 OCEAN WOODS, LLC			
Principal Place of Business 9061 GREAT HERON CIRCLE ORLANDO, FL 32836		Mailing Address 9061 GREAT HERON CIRCLE ORLANDO, FL 32836	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SHAMS, MAURICE 111 N. ORANGE AVE., SUITE 1200 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity certifies the 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	
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERGERON, ALBERT A 9061 GREAT HERON CIRCLE ORLANDO, FL 32836 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERGERON, MARY P 9061 GREAT HERON CIRCLE ORLANDO, FL 32836 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
REINSTATEMENT 2005-06			
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 registered trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		1/20/2006 Date Daytime Phone #	
SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Maurice Shams			

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