## 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

SIGNATURÉ

## FILED DOCUMENT # L05000005788 06 DEC 29 AM 11: 38 COSTA DEL MAR VILLAS, LLC SECKETARY OF STAIL ALLAHASSEE.FLORIDA Mailing Address Principal Place of Business 2655 NORTH OCEAN DRIVE 2655 NORTH OCEAN DRIVE SUITE 400 SUITE 400 SINGER ISLAND, FL 33404 US SINGER ISLAND, FL 33404 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 12282006 **REIN-LLC** CR2E101 (11/05) Applied For City & State City & State 4. FEI Number Not Applicable \$5.00 Additional Zip Country Ziρ Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent hristopher A CORPORATION SERVICE COMPANY Street Address (P.O. Tox Number is Not Acceptable), 2655 North Ocean Police 1201 HAYS STREET TALLAHASSEE, FL 32301 Suite 400 Zip Code 33404 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 obligation of registered agent. SIGNATURE In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to FILE NOW!!! FEE IS \$50.00 Florida Department of State After January 1, 2007, Fee will be \$100.00 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. **Change** MGRM TITLE MGR ☐ Addition TITI F ☐ Delete MEREDITH, CHRISTOPHER P. 2655 North Ocean Prive, Suite 400 Singer Toland, FL 33404 MEREDITH, CHRISTOPHER P NAME NAME 2655 NORTH OCEAN DRIVE, SUITE 400 STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP SINGER ISLAND, FL 33404 ☐ Change MGRM ■ Addition TITLE Delete TITLE MEREDITH, IAN 2655 North Ocean Drive, Suite 400 WALCZAK, PAUL M NAME NAME 2979 PGA BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Singer Island, FL 33404 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 Delete TITLE NAME NAME 22944114 1007--004 \*\*50 STREET ADDRESS STREET ADDRESS CITY-\$1-7IP CITY-ST-ZIP ☐ Addition Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP ■ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 managimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

IG & Marcolith 12/25/06

AUTHORIZED REPRESENTATIVE Date

## AUSÉRY & MCMULLHIN ATORNOYS AND COUNSELORS IT JAW 227 SOUTH CALHOUN STREET

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TALLAHASSEE, FLORIDA 32301
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December 29, 2006

Secretary of State
Division of Corporations
2661 Executive Center Circle West
Tallahassee, Florida 32302

Re: Costa Del Mar Villas, LLC Document #L05000005788

Dear Sir or Madame:

Enclosed are the 2006 Limited Liability Company Reinstatement form, signed by a Manager of the Company and by the Registered Agent, and our client's check in the amount of \$50.00 to cover the cost of reinstating this limited liability company to active status. Please note that the company did not receive notice of the annual report filing. Also enclosed is a copy of the reinstatement, which I would appreciate your file-stamping and permitting our messenger to return to me or retrieve at a later date for our files.

If you have any questions or need further information to file this document, please call me at 425-5457. I would appreciate your calling to let me know when the file-stamped copy of the reinstatement form is ready to be picked up, and I greatly appreciate your assistance in this matter.

Sincerely,

Donna Marie Walters

Donna Marie Walters

Paralegal

/dmw

Enclosures

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TO ACKNOWLEDGE SUFFICIENCY OF FILING

**VIA HAND DELIVERY** 

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