

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000008899

FILED
May 17, 2007
Secretary of State

Entity Name: MAVERICK DEVELOPMENT OF SOUTHWEST FLORIDA, LLC

Current Principal Place of Business:

390 PORTO ALEGRE ST.
PUNTA GORDA, FL 33983

New Principal Place of Business:

992 TAMIAMI TRAIL UNIT A
PORTCHARLOTTE, FL 33953

Current Mailing Address:

390 PORTO ALEGRE ST.
PUNTA GORDA, FL 33983

New Mailing Address:

992 TAMIAMI TRAIL UNIT A
PORT CHARLOTTE, FL 33953

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

LAURO, JEFFREY J
390 PORTO ALEGRE ST.
PUNTA GORDA, FL 33983 US

Name and Address of New Registered Agent:

LAURO, JEFFREY J
992 TAMIAMI TRAIL UNIT A
PORT CHARLOTTE, FL 33953 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: JEFFREY J. LAURO

05/17/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LAURO, JEFFREY J
Address: 390 PORTO ALEGRE ST.
City-St-Zip: PUNTA GORDA, FL 33983

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LAURO, JEFFREY J
Address: 992 TAMIAMI TRAIL UNIT A
City-St-Zip: PORT CHARLOTTE, FL 33953

I hereby certify that the information supplied with this filing does not qualify 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: JEFFREY J. LAURO

MGR

05/17/2007

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