

# 2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000019131

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Entity Name:** REDLANDS COVE DEVELOPMENT, L.L.C.

**Current Principal Place of Business:**

12248 SW 133 CT  
MIAMI, FL 33186

**New Principal Place of Business:**

12248 SW 133 CT  
MIAMI, FL 33186 US

**Current Mailing Address:**

12248 SW 133 CT  
MIAMI, FL 33186

**New Mailing Address:**

12248 SW 133 CT  
MIAMI, FL 33186 US

**FEI Number:** 33-1112738      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **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:**

DELGADO, OMAR  
12248 SW 133 CT  
MIAMI, FL 33186 US

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

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: OMAR DELGADO

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: DELGADO, OMAR  
Address: 12248 SW 133 CT  
City-St-Zip: MIAMI, FL 33186 US

Title: P  
Name: AVILA, JAVIER  
Address: 12248 SW 133 CT  
City-St-Zip: MIAMI, FL 33178 US

Title: P  
Name: NAVARRETE, FRANCISCO A  
Address: 12248 SW 133 CT  
City-St-Zip: MIAMI, FL 33186 US

Title: P  
Name: NAVARRETE, JOSE E  
Address: 12248 SW 133 CT  
City-St-Zip: MIAMI, FL 33186 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: OMAR DELGADO

P

04/12/2010

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