

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000063433

1. Entity Name  
OCEAN COVE DEVELOPMENT, LLC



BK

FILED

09 JAN 16 AM 8:24

Principal Place of Business

66 N. ATLANTIC AVENUE, #205  
COCOA BEACH, FL 32931

Mailing Address

66 N. ATLANTIC AVENUE, #205  
COCOA BEACH, FL 32931

08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
700141091211  
01/20/09--01001--017 \*\*555.00



2. Principal Place of Business - No P.O. Box #  
111 Cleveland Ave.  
Suite, Apt. #, etc.

3. Mailing Address  
111 Cleveland Ave.  
Suite, Apt. #, etc.

01152009 REIN-LLC CR2E101 (1/07)

City & State  
Cocoa Beach FL

City & State  
Cocoa Beach FL

4. FEI Number  
20-3121373

Applied For  
Not Applicable

Zip  
32931

Country

Zip  
32931

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZANA, YANE R  
66 N ATLANTIC AVE #205  
COCOA BEACH, FL 32931

BK

Name Samuel A Block, Esq.  
Street Address (P.O. Box Number is Not Acceptable)  
21 Royal Palm Pointe, Ste 100

City Vero Beach FL Zip Code 32960

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 obligations of registered agent.

SIGNATURE Samuel A Block  
Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/16/09

DATE

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME ZANA, YANE F  
STREET ADDRESS 66 N ATLANTIC AVE. #205  
CITY-ST-ZIP COCOA BEACH, FL 32931 ☐ Delete

TITLE MGR  
NAME Zana, Yane F.  
STREET ADDRESS 111 Cleveland Ave  
CITY-ST-ZIP COCOA BEACH FL 32931 ☒ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

REINSTATEMENT 2008-2009

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Samuel A. Block

1/16/09 772/794-1918

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #