

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

516.25

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 DEC 27 PM 6:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/27/11--01010--027 **516.25

CR2E041 (1/11)

DOCUMENT # LD5-105985 *old*
1. Limited Liability Company's Name Treasure Coast Ave LLC

2. Principal Office Address - No P.O. Box #
275 DATE PALM Rd
Suite, Apt. #, etc. Unit 405
City & State Vero Beach, FL
Zip 32963 Country USA

3. Mailing Office Address SAME *new*
Suite, Apt. #, etc.
City & State
Zip Country

4. State/Country of Formation
5. Date Organized or Qualified To Do Business in Florida
6. FEI Number ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent
Name Charles Sanford
Street Address (P.O. Box Number is Not Acceptable)
3003 Cardinal Drive Sub B
Suite, Apt. #, Etc. Vero Beach, FL
City Vero Beach, FL State FL Zip Code 32963

E-mail Address:
USMC 6569@comcast.net
(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.
Signature of Registered Agent [Signature] Date 12-21-2011
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<i>man</i>	Bruce Watson	275 DATE PALM Rd, Unit 405	Vero Beach FL 32963
<i>ill</i>	Walter Olivera	PO Box 32	Seymour, CT 06483
<div style="display: flex; justify-content: space-between;"> <div>REINSTATEMENT</div> <div>09-11</div> <div>L. SELLERS</div> </div>			
<div style="display: flex; justify-content: space-between;"> <div></div> <div>DEC 28 2011</div> <div>EXAMINER</div> </div>			

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager [Signature] Date 12/21/2011 Daytime Phone # 772-559 7039
Typed or printed name of signing Managing Member/Manager