

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000092783

FILED
Sep 30, 2009
Secretary of State

Entity Name: EAST COAST REAL ESTATE, LLC

Current Principal Place of Business:

7018 S.E. HARBOR CIRCLE
STUART, FL 34996

New Principal Place of Business:

Current Mailing Address:

116 MONTOWESE STREET, UNIT 4 REAR
BRANFORD, CT 06405

New Mailing Address:

FEI Number: 37-1515469 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:

Name and Address of New Registered Agent:

SCHIAVONE, MICHAEL
7018 S.E. HARBOR CIRCLE
STUART, FL 34996 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: MICHAEL SCHIAVONE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHIAVONE, MICHAEL
Address: 7018 S.E. HARBOR CIRCLE
City-St-Zip: STUART, FL 34996

Title: MGRM (X) Delete
Name: SCHIAVONE, JOEL
Address: 489 NORTH RIVER ROAD
City-St-Zip: GUILFORD, CT 06437

Title: MGRM () Delete
Name: YOUNGMAN, CARL
Address: 94 CLEMENTS ROAD
City-St-Zip: NEWTON, MA 02438

Title: MGRM () Delete
Name: MURPHY, DENNIS
Address: 1635 S.W. WATERFALL BLVD.
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL SCHIAVONE

MGRM

09/30/2009

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