

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000097231

1. Entity Name
CASAMAGNA REALTY, LLC



FILED

07 SEP 26 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2700 GLADES CIRCLE
108
WESTON, FL 33327

Mailing Address
2700 GLADES CIRCLE
108
WESTON, FL 33327

2. Principal Place of Business - No P.O. Box #
1825 MAIN STREET

3. Mailing Address

Suite, Apt. #, etc.
SUITE # 40

Suite, Apt. #, etc.

09182007 REIN-LLC CR2E101 (1/07)

City & State
WESTON, FLORIDA

City & State

4. FEI Number
20-3570734

Applied For
Not Applicable

Zip
33326

Country
USA

Zip

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

AROSEMENA, RICARDO J
615 CASCADE FALLS DR
WESTON, FL 33327

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Sub Arsenault

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2008, Fee will be \$100.00

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
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
AROSEMENA, RICARDO J
615 CASCADE FALLS DR
WESTON, FL 33327 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
400109770604
09/21/07--01054--016 **50.00 ☐ Change ☐ Addition

TITLE
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REINSTATEMENT 07 ☐ Change ☐ Addition

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TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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

Sub Arsenault