## 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L05000112516

**Entity Name:** COSTA VERDE LLC

Address:

City-St-Zip:

14245 WADSWORTH DR

ODESSA, FL 33556 US

FILED Nov 14, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 8502 N ARMENIA AVE 1-JK TAMPA, FL 33604 **New Mailing Address: Current Mailing Address:** 8502 N ARMENIA AVE 1-JK TAMPA, FL 33604 US FEI Number: 20-3821144 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PASQUALE, MIGUEL G 5501 SPECTACULAR BID DR ZEPHYRHILLS, FL 33544 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: MIGUEL PASQUALE Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete PASQUALE, MIGUEL G Name: Name: Address: 5501 SPECTACULAR BID DR Address: City-St-Zip: ZEPHYRHILLS, FL 33544 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: FRISCO, MATTHEW D Name: Address: 115 LAKE HOBBS RD Address: City-St-Zip: LUTZ, FL 33548 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition FRISCO, MONIQUE R Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: MIGUEL PASQUALE MGRM 11/14/2006