

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000006490

**FILED**  
**Nov 03, 2010**  
**Secretary of State**

**Entity Name:** DESOTO PALMS, LLC

**Current Principal Place of Business:**

921 SOUTH BENEVA ROAD  
SARASOTA, FL 34232

**New Principal Place of Business:**

**Current Mailing Address:**

921 SOUTH BENEVA ROAD  
SARASOTA, FL 34232

**New Mailing Address:**

**FEI Number:** 20-4155126

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POWELL, RANDY B  
921 SOUTH BENEVA ROAD  
SARASOTA, FL 34232 US

**Name and Address of New Registered Agent:**

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:** RANDY B POWELL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** POWELL, RANDY B M.D.  
**Address:** 921 SOUTH BENEVA ROAD  
**City-St-Zip:** SARASOTA, FL 34232

**Title:** MGRM  
**Name:** RABINS, SY DO  
**Address:** 921 S BENEVA  
**City-St-Zip:** SARASOTA, FL 34232

**Title:** MGRM  
**Name:** MCBRIDE, MICHAEL B MD  
**Address:** 921 S BENEVA  
**City-St-Zip:** SARASOTA, FL 34232

I hereby 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:** RANDY B POWELL

MGR

11/03/2010

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