

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000021593

1. Entity Name
PORTO VECCHIO PROPERTIES, LLC



FILED

08 MAY 27 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
7540 PORTO VECCHIO PLACE
DEL RAY BEACH, FL 33446

Mailing Address
7540 PORTO VECCHIO PLACE
DEL RAY BEACH, FL 33446

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212008 REIN-LLC

CR2E101 (1/07)

4. FEI Number

26-1875572

Applied For

Not Applicable

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

POWERS, ALVIN M
7540 PORTO VECCHIO PLACE
DEL RAY BEACH, FL 33446

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$277.50

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
MGRM
POWERS, ALVIN M
7540 PORTO VECCHIO PLACE
DEL RAY BEACH, FL 33446 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600126979486 ☐ Change ☐ Addition
04/30/08--01005--005 **277.50

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 2, 2008

PORTO VECCHIO PROPERTIES, LLC
7540 PORTO VECCHIO PLACE
DEL RAY BEACH, FL 33446

SUBJECT: PORTO VECCHIO PROPERTIES, LLC
Ref. Number: L06000021593

We have received your document for PORTO VECCHIO PROPERTIES, LLC and your check(s) totaling \$277.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list your Federal Employer Identification Number in the appropriate block. If applied for, enter "applied for", or if not applicable, enter "N/A".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 008A00027874