

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000037757

**FILED**  
**Oct 02, 2009**  
**Secretary of State**

**Entity Name:** ENCLAVE BY THE SEA, LLC

**Current Principal Place of Business:**

5240 S UNIVERSITY DRIVE  
SUITE 102  
DAVIE, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

5240 S UNIVERSITY DRIVE  
SUITE 102  
DAVIE, FL 33328

**New Mailing Address:**

**FEI Number:** 20-4670108      **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:**

PECKAR & ABRAMSON, A PROFESSIONAL CORP  
1 SE 3RD AVE  
SUITE 3050  
MIAMI, FL 33131 US

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

THOMAS O. WELLS, P.A.  
540 BILTMORE WAY  
CORAL GABLES, FL 33134 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: THOMAS O. WELLS

10/02/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BLESSING, DAVID C  
Address: 5240 S UNIVERSITY DRIVE #102  
City-St-Zip: DAVIE, FL 33328

Title: MGRM (X) Delete  
Name: CAMET, EDUARDO  
Address: 5240 S UNIVERSITY DRIVE #102  
City-St-Zip: DAVIE, FL 33328

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CAMET, EDUARDO  
Address: 5240 S UNIVERSITY DRIVE #102  
City-St-Zip: DAVIE, FL 33328

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: EDUARDO CAMET

MGRM

10/02/2009

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