


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 FEB 19 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000048134		
1. Entity Name 11765 SE FLORIDA AVENUE, LLC		

Principal Place of Business 454 S. BEACH ROAD HOBE SOUND, FL 33455	Mailing Address 454 S. BEACH ROAD HOBE SOUND, FL 33455
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 8961 SE Bridge Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Hobe Sound, Florida	
Zip	Country	Zip 33455	Country Martin



02052008 REIN-LLC CR2E101 (1/07)

6. Name and Address of Current Registered Agent MODICA, CHARLES R 454 S. BEACH ROAD HOBE SOUND, FL 33455		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MODICA, CHARLES R 454 S. BEACH ROAD HOBE SOUND, FL 33455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400117624194 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/08/08--01034--006 **282.50
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REINSTATEMENT 07-18

L. SELLERS

FEB 25 2008

EXAMINER

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: Charles R. Modica 2-8-08 7725467088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #