

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000050219

1. Entity Name
WEST OKEECHOBEE PALMS, LLC



FILED
08 MAY 16 AM 8:33
TALLAHASSEE, FLORIDA



05132008 REIN-LLC CR2E101 (1/07)

Principal Place of Business
**C/O AFFORDABLE RESIDENTIAL COMMUNITIES
600 GRANT STREET, SUITE 900
DENVER, CO 80203**

Mailing Address
**C/O AFFORDABLE RESIDENTIAL COMMUNITIES
600 GRANT STREET, SUITE 900
DENVER, CO 80203**

07

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

3. Mailing Address
484 Viking Drive

Suite, Apt. #, etc.
Suite 105

Suite, Apt. #, etc.
Suite 105

City & State
Virginia Beach, VA

City & State
Virginia Beach, VA

Zip
23452-7321

Country
USA

Zip
23452-7321

Country
USA

4. FEI Number
77 0661 300

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

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 **Jeanine Reynolds**
as its agent

(NOTE: Registered Agent signature required when reinstating)

DATE **5-16-08**

FILE NOW!!! FEE IS \$377.50

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

None Previously Listed

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Company Manager, LC ☒ Change ☐ Addition

484 Viking Drive, Suite 105

Virginia Beach, VA 23452-7321

800129688578

☐ Change ☐ Addition

REINSTATEMENT 2007-2008

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.

COMPANY MANAGER, LC

SIGNATURE: **By: Robert Rvais, Manager**

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

Date **5/12/08** Daytime Phone # **757-463-0400**

X 26

CSC.

CORPORATION SERVICE COMPANY

L06000050219

ACCOUNT NO. : 072100000032

REFERENCE : 573890 4312621

AUTHORIZATION :

COST LIMIT : \$ 377.50

RECEIVED
08 MAY 16 PM 12:43
STATE
TALLAHASSEE, FLORIDA

Signature

ORDER DATE : May 16, 2008

ORDER TIME : 11:12 AM

ORDER NO. : 573890-010

CUSTOMER NO: 4312621

DOMESTIC FILINGS

NAME: WEST OKEECHOBEE PALMS, LLC

FILED
08 MAY 16 AM 8:33
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds - Ext# 2933

EXAMINER'S INITIALS

BYC