

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000055908

1. Entity Name
CRYSTAL PLACE, LLC



FILED

2009 JUL -9 A 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1103 N. SUNCOAST BLVD
CRYSTAL RIVER, FL 34429 US

Mailing Address
2807 KIPPS COLONY DR
ST. PETERSBURG, FL 33707 FL

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

04302008 REIN-LLC CR2E101 (1/07)

4. FEI Number

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

BERTRAND, LISA M
2807 KIPPS COLONY DR
ST. PETERSBURG, FL 33707

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM -
BERTRAND, LISA M
2807 KIPPS COLONY DR
ST. PETERSBURG, FL 33707 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
BERTRAND, GIORGIO
2807 KIPPS COLONY DR
ST. PETERSBURG, FL 33707 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

700132923167
07/15/08--01009--014 **138.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

05/02/07 910357 021 \$50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

REINSTATEMENT 07-08

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

SL

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

LISA BRUNTON

4/30/08 209-0233

Date

Daytime Phone #