

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000075683

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: 5 STAR INVESTMENTS BELLEGLADE, LLC

**Current Principal Place of Business:**

890 SOUTH MAIN ST  
BELLE GLADE, FL 33421 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 211003  
ROYAL PALM BEACH, FL 33421 US

**New Mailing Address:**

9278 DELEMAR CT  
WELLINGTON, FL 33414 US

FEI Number: FEI Number Applied For (X) 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:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

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

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: CORPORATION SERVICE COMPANY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PAYNE, EMORY  
Address: PO BOX 211003  
City-St-Zip: ROYAL PALM BEACH, FL 33421 US

Title: MGRM ( ) Delete  
Name: JACKSON, JEFFREY  
Address: PO BOX 211003  
City-St-Zip: ROYAL PALM BEACH, FL 33421 US

Title: MGRM ( ) Delete  
Name: LEONARD, DARRYL  
Address: PO BOX 211003  
City-St-Zip: ROYAL PALM BEACH, FL 33421 US

Title: MGRM ( ) Delete  
Name: BEMBRY, JULIAN  
Address: PO BOX 211003  
City-St-Zip: ROYAL PALM BEACH, FL 33421 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: STOKES, DERRICK  
Address: 3365 SW 2ED STREET  
City-St-Zip: DEERFIELD BEACH, FL 33442 US

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: EMORY E. PAYNE

MGR

04/28/2009

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