

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 FEB 17 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

Palm Ridge, LLC

LA0000093438

2. Principal Office Address - No P.O. Box

4746 South Ocean Ave

Suite, Apt. #, etc.

Evanton Bay TH2

City & State

Highland Bch FL

Zip

33487

Country

USA

3. Mailing Office Address

4746 South Ocean Ave

Suite, Apt. #, etc.

Evanton Bay TH2

City & State

Highland Bch FL

Zip

33487

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified  
To Do Business in Florida

2006

6. FEI Number

20-5862315

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Nicholas Chimenthi

Street Address (P.O. Box Number is Not Acceptable)

4746 South Ocean Dr.

Suite, Apt. #, Etc.

Evanton Bay TH2

City

Highland Bch FL 33487

State

FL

Zip Code

33487

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

See Signature in # 11

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	Nicholas Chimenthi Corp.	4746 South Ocean Dr TH2	Highland Bch FL 33487

000143809680  
02/17/09--01038--026 \*\*516.25

REINSTATEMENT

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of

Managing Member/Manager

Nick Chimenthi

Date

2/11/09

Daytime Phone #

904.727914

Typed or printed name of signing Managing Member/Manager