2008 LIMITED LIABILITY COMPANY REINSTATEMENT

20	008 LIMITED LIA REINSTA	BILITY COM TEMENT	PANY		F []		
DOCUMENT # L06000119598						=0	
1. Entity Nam CASA BE	e LLA GRACEY, LLC				08 OCT -9	PH 4: 49	
Principal Plac	e of Business	Mailing Address			ILAMAS P.DF.	A.J. Co	
2033 MAIN S Suite 600	STREET	2033 MAIN STREET Suite 600			الم الما الما الما الما الما الما الما	以前,	
SARASOTA, F	L 34237 US	SARASOTA, FL 34237	US	1 100111	AL TAL TRACT CANA TOTAL STAN TOLER	. Kara ing kangkangkang kangkang kangkang kangkang kangkang kangkang kangkang kangkang kangkang kangkang kangk	
2. Principal Place of Business - No P.O. Box # 14 295 S Tamiam half		3. Mailing Address 14295 S. Tancami TE Suite, Abt. #, etc.		Tel			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		0825200		CR2E101 (1/07)	
nouth But 31.		North Rose Il.		l	4. FEI Number Applied For 021-66-7929 Not Applicable		
342.8	7 Country	34287	Country	5. Certific	cate of Status Desired	S5.00 Add Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name							
CHAPNICK, BRUCE P ESQ. W. F					mbecie Not Acceptable)	ul P.s.	·
2033 MAIN STREET SUITE 600				2700	· Tamian	ri Trail	<u>, </u>
SARASOT	A, FL 34237		<u> </u>				
Touch Kort FL 39387							
8. The above named entity subplits 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 W. Kevin Russell 10-2-08 With Resistant Agent signature required when reinstating) DATE DATE							
Signature, lyanged printed name of registed agent and title if applyable. (NOTE: Registered Agent signature required when reinstating) DATE On the content of the content							
FILE NOW!!! FEE IS \$377.50						check payable to Department of State	e
9.	MANAGING MEMBE		10.	MGRM	ADDITIONS/C		E save
NAME	MGRM NICHOLSON, JAMES	☐ Delete	TITLE NAME	Nicholson	, James	[X] Change	Addition
STREET ADDRESS CITY-ST-ZIP	ATKINGON NILL 02211		STREET ADORESS CITY-ST-ZIP		Johnson Stree		
TITLE	ATKINSON NY XXXXX MGRM	Delete	TITLE	Fuquay Va	IIIIa, NC 2/.	526 ▼ Change	Addition
NAME	NICHOLSON, LORI A		NAME	Nicholson		•	_
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	DICK	Mark Carlos and I		
TIFLE	-	□ Delete	TITLE	KEI	NSIAI.	Lity E-Ghange	-E Addition
NAME		_	NAME	2	207-20	208	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			-00	
l indicated	I certify that the information supplied with I on this report is true and accurate and	that my signature shall have	the same legal effe	ect as if made under	oath; that I am a managi	ther certify that the info	ormation er of the
limited liability company or the receiver or trustee empowered to execute this report at required by Chapter 608, Florida Statutes.							
SIGNATURE GOVI/Whatson 9/23/08							
PIGNAI	SIGNATURE AND TYPED OR PRINTED NAME O	F SIGNING MANAGING MEMBER, MAI	NAGER, OR AUTHORIZE	D REPRESENTATIVE	Date	Daytime Phone #	