

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**

08 OCT -9 PM 4:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # L06000119598	
1. Entity Name CASA BELLA GRACEY, LLC	



Principal Place of Business 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237 US	Mailing Address 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237 US
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2. Principal Place of Business - No P.O. Box # 14295 S. Tamiami Trail	3. Mailing Address 14295 S. Tamiami Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State North Port FL	City & State North Port FL
Zip 34287	Zip 34287
Country USA	Country USA

6. Name and Address of Current Registered Agent CHAPNICK, BRUCE P ESQ. 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237	
7. Name and Address of New Registered Agent Name W. Kevin Russell P.A. Street Address (P.O. Box Number is Not Acceptable) 14295 S. Tamiami Trail City North Port FL Zip Code 34287	

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 <i>W. Kevin Russell</i>	W. Kevin Russell 10-2-08 DATE

FILE NOW!!! FEE IS \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NICHOLSON, JAMES 20 MAPLE AVENUE ATKINSON, NH 02811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Nicholson, James 227 Buck Johnson Street Fuquay Varina, NC 27526 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NICHOLSON, LORI A 20 MAPLE AVENUE ATKINSON, NH 02811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Nicholson, Lori A. 227 Buck Johnson Street Fuquay Varina, NC 27526 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000138688430 10/07/08--01006--013 **377.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2007-2008 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 <i>Lori Nicholson</i>	Lori Nicholson 9/23/08 Date Daytime Phone #