

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000010493

**FILED**  
**Oct 01, 2009**  
**Secretary of State**

**Entity Name:** BAYSIDE LOTS, LLC

**Current Principal Place of Business:**

455 CAPE CORAL PARKWAY EAST  
CAPE CORAL, FL 33904 US

**New Principal Place of Business:**

1505 JEFFERSON AVE  
FORT MYERS, FL 33901 US

**Current Mailing Address:**

455 CAPE CORAL PARKWAY EAST  
CAPE CORAL, FL 33904 US

**New Mailing Address:**

1505 JEFFERSON AVE  
FORT MYERS, FL 33901 US

**FEI Number:** 20-8327173      **FEI Number Applied For ( )**      **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:**

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

LASMAN, JEFFREY M ESQ.  
6152 DELANCEY STATION STREET  
SUITE 205  
CAPE CORAL, FL 33904 US

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:** JEFFREY M LASMAN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

**Title:** MGRM ( ) Delete  
**Name:** CCFM HOLDING COMPANY, LLC  
**Address:** 455 CAPE CORAL PARKWAY EAST  
**City-St-Zip:** CAPE CORAL, FL 33904 US

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

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:** JOHN E FRENCH

MGRM

10/01/2009

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