

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000038928

**FILED**  
**Oct 10, 2009**  
**Secretary of State**

**Entity Name:** URBAN COAST, LLC

**Current Principal Place of Business:**

416 INDIAN ROCKS ROAD  
BELLEAIR BLUFFS, FL 33770 US

**New Principal Place of Business:**

416 INDIAN ROCKS ROAD NORTH  
BELLEAIR BLUFFS, FL 33770 US

**Current Mailing Address:**

416 INDIAN ROCKS ROAD  
BELLEAIR BLUFFS, FL 33770 US

**New Mailing Address:**

416 INDIAN ROCKS ROAD NORTH  
BELLEAIR BLUFFS, FL 33770 US

**FEI Number:** 20-8410961      **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:**

LAZENBY, SOOSIE L  
416 INDIAN ROCKS ROAD  
BELLEAIR BLUFFS, FL 33770 US

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

LAZENBY, SOOSIE L  
647 PONCE DE LEON BOULEVARD  
BELLEAIR, FL 33756 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: SOOSIE LAZENBY

10/10/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LAZENBY, SOOSIE L  
Address: 647 PONCE DE LEON BLVD  
City-St-Zip: BELLEAIR, FL 33756 US

**ADDITIONS/CHANGES:**

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: SOOSIE LAZENBY

MGRM

10/10/2009

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