

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

DOCUMENT # L07000048133

1. Entity Name  
PARK PLACE CONDOS, LLC



2009 FEB 17 PM 3:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1515 INTERNATIONAL PARKWAY, SUITE 1025  
LAKE MARY, FL 32746

Mailing Address  
1515 INTERNATIONAL PARKWAY, SUITE 1025  
LAKE MARY, FL 32746



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

02182009 REIN-LLC CR2E101 (1/07)

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number  
**39-2055377**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

NAPOLITANO, JANET A  
ALL FLORIDA TITLE  
1515 INTERNATIONAL PARKWAY, SUITE 1025  
LAKE MARY, FL 32746

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$277.50**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MGRM  
NAPOLITANO, BRUCE  
1515 INTERNATIONAL PARKWAY, SUITE 1025  
LAKE MARY, FL 32746

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

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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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #