

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000064082			
1. Entity Name EDGEWATER COMMERCE PARK LLC			
Principal Place of Business 1440 N NOVA RD SUITE 305 HOLLY HILL, FL 32117 US		Mailing Address 1440 N NOVA RD SUITE 305 HOLLY HILL, FL 32117 US	
2. Principal Place of Business - No P.O. Box # 85 AVE DE LA MER		3. Mailing Address 85 AVE DE LA MER	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PALM COAST FL		City & State PALM COAST FL	
Zip 32137	Country US	Zip 32137	Country US
4. FEI Number 26-0869737		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		05062009 REIN-LLC CR2E101 (1/07)	
5. Name and Address of Current Registered Agent WEBER, ALFRED R JR 1440 N NOVA RD STE 305 HOLLY HILL, FL 32117		7. Name and Address of New Registered Agent Name GREGORY DEROSA Street Address (P.O. Box Number is Not Acceptable) 85 AVE DE LA MER City PALM COAST FL Zip Code 32137	
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 		DATE 5/11/09	
FILE NOW!!! FEE IS \$377.50		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEBER, ALFRED R JR 1440 N NOVA RD STE 305 HOLLY HILL, FL 32117 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARIN, JOHN 1440 N NOVA RD STE 305 HOLLY HILL, FL 32117 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARIN, JOHN 85 AVE DE LA MER PALM COAST, FL 32137 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEROSA, GREGORY 1440 N NOVA RD STE 305 HOLLY HILL, FL 32117 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEROSA, GREGORY 85 AVE DE LA MER PALM COAST, FL 32137 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.		400155895974 05/13/09--01031--003 **377.50	
SIGNATURE:  Greg Derosa		DATE 5/11/09	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	

FILED
09 MAY 27 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

