

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000121795

Entity Name: PALM BEACH POINT 10, LLC

FILED
Oct 03, 2008
Secretary of State

Current Principal Place of Business:

2491 MUIR CIRCLE
WELLINGTON, FL 33414

New Principal Place of Business:

3080 FAIRLANE FARMS RD
#2
WELLINGTON, FL 33414

Current Mailing Address:

107 SLADES CORNER ROAD
SOUTH DARTMOUTH, MA 02748

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)
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:

REALTRAN, LLC
14040 SCHULTZ RD SW
FT MYERS, FL 33908 US

Name and Address of New Registered Agent:

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: MARK G SHUB

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MILBURY, WILLIAM J
Address: 107 SLADES CORNER ROAD
City-St-Zip: SOUTH DARTMOUTH, MA 02748

Title: MRGM (X) Delete
Name: LEONTIRE, GEORGE J
Address: 107 SLADES CORNER ROAD
City-St-Zip: SOUTH DARTMOUTH, MA 02748

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GRAND PRIX SHAVINGS, LLC
Address: 107 SLADES CORNER ROAD
City-St-Zip: SOUTH DARTMOUTH, MA 02748

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: GEORGE J LEONTIRE

MEM

10/03/2008

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