

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000101059

**FILED**  
**Oct 08, 2009**  
**Secretary of State**

**Entity Name:** 7049 OKEECHOBEE ROAD REALTY, LLC

**Current Principal Place of Business:**

233 S.W. PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34984

**New Principal Place of Business:**

**Current Mailing Address:**

233 S.W. PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34984

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

ELLIS, SETH E ESQ.  
C/O ELLIS & HODES  
2385 EXECUTIVE CENTER DRIVE, SUITE 190  
BOCA RATON, FL 33431 US

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

FUTO, STEVE  
235 SW PORT ST LUCIE BLVD.  
PORT ST. LUCIE FLORIDA, FL 34984 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: STEVE FUTO

10/08/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ECONOMYS, ANTHONY TRUSTEE  
Address: 233 S.W. PORT ST. LUCIE BLVD.  
City-St-Zip: PORT ST. LUCIE, FL 34984

**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: ANTHONY ECONOMYS

PRES

10/08/2009

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