

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000074613

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Entity Name:** FLORIDIAN TROPICAL VILLAS LLC

**Current Principal Place of Business:**

131 AVILA COURT  
DAVENPORT, FL 33896

**New Principal Place of Business:**

**Current Mailing Address:**

8297 CHAMPIONS GATE BLVD., #376  
CHAMPIONS GATE, FL 33896

**New Mailing Address:**

**FEI Number:** 80-0450670

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORROW, ELIZABETH  
8297 CHAMPIONS GATE BLVD., #375  
DAVENPORT, FL 33896 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:** ELIZABETH MORROW

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** MORROW, ELIZABETH  
**Address:** 8297 CHAMPIONS GATE BLVD., #375  
**City-St-Zip:** CHAMPIONS GATE, FL 33896

I hereby 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:** ELIZABETH MORROW

MS.

03/14/2011

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