

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000138160

**Entity Name:** COASTAL HERITAGE, LLC

**FILED**  
**Sep 30, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

6004 TWIN LAKES DRIVE  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

6004 TWIN LAKES DRIVE  
OVIEDO, FL 32765

**New Mailing Address:**

**FEI Number:** 45-4168449

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAMIL, DEBORAH D  
6004 TWIN LAKES DR  
OVIEDO, FL 32765 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: DEBORAH D HAMIL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: HAMIL, DEBORAH D  
Address: 6004 TWIN LAKES DRIVE  
City-St-Zip: OVIEDO, FL 32765

Title: VP  
Name: DODD, DOUGLAS A  
Address: 9123 E. CASHIERS COURT  
City-St-Zip: INVERNESS, FL 34450

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: DEBORAH D HAMIL

PRES

09/30/2013

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