PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE **COMPANY** Secretary of State 06 NOV 21 AM 10: 10 REINSTATEMENT **DIVISION OF CORPORATIONS** SECRETARY OF STATE TALLAHASSEF FLORIDA DOCUMENT # M98000000 980 1. Limited Liability Company's Name 2LL, solas Centes, LLC CR2E041 (8/05) 3. Mailing Office Address 2. Principal Office Address we Zhref 4. State/Country of Formation Suite, Apt. #, etc. 5. Date Organized or Qualified To Do Business in Florida City & State City'& State Applied For 6. FEI Number Not Applicable CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status 8. Name and Address of Current Registered Agent Name DIFTICIFICE Street Address (P.O. Box Number is Not Acceptable) Suite, Apt, #, Etc. City State 9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. terl, Signature of Registered Agent Date REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Street Address of Each Managing Member/Manager Name of Titles City / State / Zip Managing Members/Managers 1286 **250.00 11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application as provided for in chapter 608, F.S. I further certification for the receiver of the rece all fees owed by the limited liability con iny have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under Signature of Managing Member/Menage

Typed or printed name of signing Managing Member/Manager

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of th	e Limited Liability Company is:
Crestvie	w Center, LLC
2. The name and	he Florida street address of the registered agent and office are:
	C T Corporation System
	(Name)
	1200 South Pine Island Road
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Plantation, Florida 33324
	City/State/Zip
liability company of agent and agree to relating to the prop obligations of my p	d as registered agent and to accept service of process for the above stated limited at the place designated in this certificate, I hereby accept the appointment as registered act in this capacity. I further agree to comply with the provisions of all statutes are and complete performance of my duties, and I am familiar with and accept the osition as registered agent as provided for in Chapter 608, Florida Statutes. T Corporation System (Signature)

\$ 100.00 \$ 25.00

\$ 30.00

5.00

Filing Fee for Application
Designation of Registered Agent

Certificate of Status (optional)

Certified Copy (optional)