

**2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000009220

**Entity Name:** TRI-POINTE PROPERTIES OF S.W. FLORIDA, LLC

**Current Principal Place of Business:**

419 BAYVIEW PARKWAY  
NOKOMIS, FL 34275

**Current Mailing Address:**

PO BOX 1369  
NOKOMIS, FL 34274 US

**FEI Number:** 20-2787289

**Certificate of Status Desired:** No

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

LEYVA, JULIE  
406 SUNRISE DRIVE  
NOKOMIS, FL 34275 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:** JULIE LEYVA

11/16/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name VERDE, RAUL R MD  
Address 419 BAYVIEW PKWY  
City-State-Zip: NOKOMIS FL 34275

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RAUL VERDE

MANAGING MEMBER

11/16/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date