

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2011 FEB -4 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400193349304  
02/04/11--01004--025 \*\*382.50  
CR2E041 (11/10)

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L03000037773

1. Limited Liability Company's Name

R & R Abarbanel, LLC  
961 Woodville Highway  
Crawfordville, FL 32327

2. Principal Office Address - No P.O. Box #

961 Woodville Hwy

3. Mailing Office Address

961 Woodville Hwy

Suite, Apt #, etc

Suite, Apt #, etc

City & State

Crawfordville FL

City & State

Crawfordville FL

Zip

Country

32327

US

Zip

Country

32327

USA

4. State/Country of Formation

Crawfordville, FL 32327

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

20-9631793

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Rita Abarbanel

Street Address (P.O. Box Number is Not Acceptable)

3524 Trillium Ct.

Suite, Apt #, Etc

City

Tallahassee

State

FL

Zip Code

32312

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.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 2-4-11

10. Names and Street Addresses of Managing Members/Managers

Titles  
Mgr

Name of  
Managing Members/Managers

Rita Abarbanel

Street Address of Each  
Managing Member/Manager

3524 Trillium Court

City / State / Zip

Tallahassee, FL  
32312

REINSTATEMENT  
10-11

11. E-mail Address

(To be used for future annual report notifications)

12. I certify that I am a 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 filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of  
Managing Member/Manager

Date 2-4-11

Daytime Phone # 850 980 2204

J. SAULSBERRY  
EXAMINED

Typed or printed name of signing Managing Member/Manager

FEB 04 2011