

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000102755

Entity Name: RRA PROPERTIES, LLC

FILED  
Oct 06, 2006  
Secretary of State

**Current Principal Place of Business:**

1301 STONEHAVEN ESTATES DRIVE  
WEST PALM BEACH, FL 33411 US

**New Principal Place of Business:**

**Current Mailing Address:**

1301 STONEHAVEN ESTATES DRIVE  
WEST PALM BEACH, FL 33411 US

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

MORAGUES, ARIEL  
6427 TRAVIS ROAD  
WEST PALM BEACH, FL 33406 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: ARIEL MORAGUES

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MORAGUES, ARIEL  
Address: 6427 TRAVIS ROAD  
City-St-Zip: WEST PALM BEACH, FL 33406 US

Title: MGRM ( ) Delete  
Name: MARTIN, ROBERTO A  
Address: 1301 STONEHAVEN ESTATES DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33411 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: ARIEL MORAGUES

MGRM

10/06/2006

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