

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000010520	
1. Entity Name RCM OF KEY WEST, LLC	



FILED

09 JUN -9 AM 9:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business 908 TRINITY DRIVE #3 KEY WEST, FL 33040	Mailing Address 908 TRINITY DRIVE #3 KEY WEST, FL 33040
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2. Principal Place of Business - No P.O. Box # 1025 Sandys Way Suite, Apt #, etc	3. Mailing Address 1025 Sandys Way Suite, Apt #, etc
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06022009 REIN-LLC CR2E101 (1/07)

City & State Key West, FL	City & State Key West, FL
Zip 33040	Zip 33040
Country	Country

4. FEI Number 06-1640141	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MONGELLI, ROBERT 908 TRINITY DRIVE #3 KEY WEST, FL 33040	
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7. Name and Address of New Registered Agent Name Robert Mongelli Street Address (P.O. Box Number is Not Acceptable) 1025 Sandys Way City Key West FL Zip Code 33040	
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8. 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. I am familiar with, and accept the obligations of, registered agent.	
SIGNATURE	DATE

FILE NOW!!! FEE IS \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONGELLI, ROBERT 908 TRINITY DRIVE #3 KEY WEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	060158943099 <input type="checkbox"/> Change <input type="checkbox"/> Addition 06/09/09--01038--002 **377.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	L. SELLERS <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUN 10 2009 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXAMINER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 0809 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:	Date Daytime Phone #