

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

1. DOCUMENT # L02000017841

Name and Mailing Address

0011206 01 AT 0.292 **AUTO T2 1 0615 34711-766925



R & R AD VENTURES, LLC
11425 HARDER ROAD
CLERMONT FL 34711-7669

03 DEC -9 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2EQ34 (7/03)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/16/2002	
Principal Place of Business 11425 HARDER ROAD CLERMONT FL 34711	3. New Principal Place of Business Address	6. FEI Number 01-0754170	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent POLK, RANDALL O 11425 HARDER ROAD CLERMONT FL 34711	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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10. 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 *Randall O Polk* **REQUIRED** Date _____

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	ANDERSON, ROSEMARY P	521 VIA VERONA LN #101	ALTAMONTE SPRINGS FL 32714
MGRM	POLK, RANDALL O	11425 HARDER ROAD	CLERMONT, FL 34711
REINSTATEMENT 2003			
800025337608 12/09/03--01010--022 **150.00			

12. 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 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.

Signature of Managing Member/Manager *Rosemary P Anderson* **REQUIRED** Date 12/1/03 Daytime Phone # 407-774-0085

Typed or printed name of signing Managing Member/Manager