## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

С	ED LIABILITY COMPANY STATEMENT	Se	ecretary	MENT OF STA of State preparations	TE	,		FILED ANII PM 4:42	
DOCUMENT # L03000021382  1. Limited Liability Company's Name  RITIN, LLC						SLURETARY OF STATE FALLAHASSEE, FLORIDA			
05						cR2E041 (8/05)			
2. Principal Office Address 4119 SAPHIRE BEND 4119 SAPHIRE BEND						4. State/Country of Formation FLORIDA			
Suite, Apt. #	¢, etc.	Suite, Apt. #, etc.				5. Date Organized or Qualified To Do Business in Florida 06/12/2003			
City & State	STON FL	WESTON FL				6. FEI Numbe			
<sup>Zip</sup> 3333	1 US	33331		Country US					
8. Name and Address of Current Registered Agent									
	Name   INO HALEGUA   200086237362								
	City CORAL GAB	LES					State <b>FL</b>	Zip Code 33146	-
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 X INO HALEGUA  REGISTERED MENT MUST SIGN									
10. Names and Street Addresses of Managing Members/Managers									
Titles	Name of Managing Members/Managers		Street Address of Each Managing Member/Manager				City / State / Zip		
MGR	INO HALEGUA		4119 SAPHIRE BEND			ID	WESTON FL 33331		
MGR	RITA RODRIGUEZ		4119 SAPHIRE BEND			END	WESTON FL 33331		
		STATE	:WE	12	Ų	5-2	20	07	
A .									<b>I</b>
11. 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 Member/Manager INO HALEGUA  Typed or printed name of signing Managing Member/Manager INO HALEGUA									

## L0366671382

DATE:

TO:

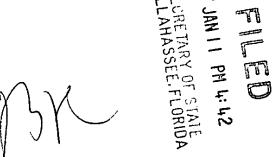
DEPARTMENT OF STATE

**DIVISION OF CORPORATIONS** 

FROM:

RITIN, LLC

**INO HALEGUA** 



WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORTS FOR 2005 AND 2006.

PLEASE FILE OUR ANNUAL REPORT AND WAIVE THE PENNALTY.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 305 667 6920.

THANKS,

**INO HALEGUA**