

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000031958

1. Entity Name
R & L FAMILY, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY -8 PM 3: 29

REINSTATEMENT 08-09 8:31M

Principal Place of Business
**453 N. KIRKMAN ROAD
ORLANDO, FL 32811**

Mailing Address
**453 N. KIRKMAN ROAD
ORLANDO, FL 32811**

SONIA @ ROBERTSORTHOPAEDIC.COM

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

04302009 REIN-LLC CR2E101 (1/07)

4. FEI Number **20-0167355** Applied For
NOT APPLICABLE Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**KANE, STEVEN H
557 N. WYMORE ROAD, SUITE 100
MAITLAND, FL 32751**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$277.50 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERTS, ROBERT S 5168 FAIRWAY OAKS DRIVE WINDERMERE, FL 34786 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERTS, LOIS ANN 5168 FAIRWAY OAKS DRIVE WINDERMERE, FL 34786 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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05/05/09--01037--023 **277.50

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: [Signature] **4/30/09** **407-292-8992**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #