

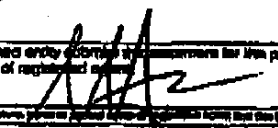
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2007 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000043029			
1. Entity Name RARE PROPERTIES, LLC			
Principal Place of Business P.O. BOX 1378 OSPREY, FL 34229		Mailing Address P.O. BOX 1378 OSPREY, FL 34229	
2. Principal Place of Business - No P.O. Box		3. Mailing Address	
Street, Apt. #, etc.		Street, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 86-1087820		Applied For (Not Applicable)	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent T&H COMPTROLLERS, INC. 200 CAMPO ISLES BLVD. STE. 2 VENICE, FL 33592		7. Name and Address of Agent Designated Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity hereby certifies 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 		2/13/07	
FILE NUMBER FEB 13 0900:00		In accordance with s. 607.160(2)(b), F.S., the limited liability company did not receive the prior notice.	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONAL CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
MR. JAMES, ALAN 110 DAVINCI CR NOKECHES, FL 34278			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing complies with the requirements 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 limited partner or limited employee of the company as required by Chapter 119, Florida Statutes.			
SIGNATURE 		2/13/07 9413213175	

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Florida Department of State

Division of Corporations

Public Access System

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Division of Corporations
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Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

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TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT

RARE PROPERTIES, LLC

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