

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JAN 12 AM 8:57

DOCUMENT # L03000045572

1. Entity Name
RED MIKE RANCH, LLC



Principal Place of Business
3613 ROYAL PALM AVENUE
COCONUT GROVE, FL 33133

Mailing Address
3613 ROYAL PALM AVENUE
COCONUT GROVE, FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10282005 REIN-LLC CR2E101 (6/04)

4. FEI Number
20-0791457

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WENDEL, W. HALL JR
3613 ROYAL PALM AVENUE
COCONUT GROVE, FL 33133

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

Signature, typed or printed name of registered agent and title if applicable

W. Hall Wendel, Jr.

(NOTE: Registered Agent signature required when reinstating)

DATE

12/15/05

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WENDEL, W. HALL JR
3613 ROYAL PALM AVENUE
COCONUT GROVE, FL 33133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700064625127
01/27/06--01006--003 **200.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
FARLEY, DEBBIE
3613 ROYAL PALM AVENUE
COCONUT GROVE, FL 33133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
LITMAN, STEPHEN R
150 S 5TH STREET, SUITE 2300
MINNEAPOLIS, MN 55402 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
REINSTATEMENT 05-06 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

W. Hall Wendel, Jr.

Date

12-15-05

Daytime Phone #

(763)479-7139