

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000006409

1. Entity Name
ROCKS TO RICHES, LLC



THREE
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JAN 24 AM 10:11

Principal Place of Business
508 HIGHWAY 98 EAST
#303
DESTIN, FL 32541 US

Mailing Address
PO BOX 23523
OVERLAND PARK, KS 66283 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12202005 REIN-LLC CR2E101 (6/04)

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

SIREN, JEFFREY V
601 WALTON WAY
DESTIN, FL 32550

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 MCDM
STREET ADDRESS KEVIN C. OWEN TRUST AGREEMENT 5/17/99
CITY-ST-ZIP 17595 MISSION ROAD
STILWELL, KS 66085 ☒ Delete

TITLE
NAME Member ☒ Change ☐ Addition
STREET ADDRESS Kevin C. Owen Revocable Trust
CITY-ST-ZIP P.O. Box 23523
Shawnee Mission, KS 66283

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Manager ☒ Change ☐ Addition
STREET ADDRESS Kevin C. Owen
CITY-ST-ZIP P.O. Box 23523
Shawnee Mission, KS 66283

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 800065186928
CITY-ST-ZIP 02/06/06--01004--007 **200.00

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

Manager

Date

Daytime Phone #