

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JUL 20 AM 10:42

DOCUMENT # **L04000019611**

1. Limited Liability Company's Name

**EL ROSARIO RANCH LLC**

2. Principal Office Address - No P.O. Box #

**321-325 CLARK RD**

Suite, Apt. #, etc.

3. Mailing Office Address

**P.O. Box 1600**

Suite, Apt. #, etc.

City & State

**LAKE PLACID-FL**

City & State

**LAKE PLACID-FL**

Zip

**33852**

Country

**USA**

Zip

**33862**

Country

**USA**

4. State/Country of Formation

**FLORIDA**

5. Date Organized or Qualified  
To Do Business in Florida

**3-12-2004**

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

**ADOLFO J. BULLRICH**

Street Address (P.O. Box Number is Not Acceptable)

**1 GROVE ISLE DRIVE**

Suite, Apt. #, Etc.

**Apart 903**

City

**COCONUT GROVE**

State

**FL**

Zip Code

**33133**

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

**100106641581**

**07/24/07--01054--003 \*\*150.00**

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

**Adolfo J. Bullrich**

Date **7-13-07**

REGISTERED AGENT 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
PRESIDENT	ADOLFO J. BULLRICH	1 GROVE ISLE DR	COCONUT GROVE-FL-33133
VP	MARIA JOSE BULLRICH	1 GROVE ISLE DR	COCONUT GROVE-FL-33133
MANAGER	ADOLFO BULLRICH	1 GROVE ISLE DR	COCONUT GROVE-FL-33133

**REINSTATEMENT**

**2005-2007**

**BLT**

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

**Adolfo J. Bullrich**

Date **7-13-07**

Daytime Phone # **863-441-1508**

Typed or printed name of signing Managing Member/Manager

**ADOLFO J. BULLRICH**