


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000028373

1. Entity Name
BLUE RUN, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB -8 AM 9:07

Principal Place of Business
**19344 NW 12TH STREET
PEMBROKE PINES, FL 33029 US**

Mailing Address
**19344 NW 12TH STREET
PEMBROKE PINES, FL 33029 US**

2. Principal Place of Business
5009 W. Dunnellon Rd
Suite, Apt. #, etc.

3. Mailing Address
5009 W Dunnellon Rd
Suite, Apt. #, etc.

City & State
Dunnellon, Florida
Zip **34433** Country **US**

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Dunnellon, Florida
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01242006 REIN-LLC CR2E101 (11/05)

4. FEI Number ☐ Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

**AMSTER GOTTFRIED, P.A.
701 WEST CYPRESS CREEK ROAD
SUITE #303
FT. LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent

Name **Neil Gottfried**
Street Address (P.O. Box Number is Not Acceptable)
5009 W Dunnellon Rd
Dunnellon
City **FL** Zip Code **34433**

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 **Neil Gottfried** (NOTE: Registered Agent signature required when reinstating) DATE **1-24-06**

FILE NOW!!! FEE IS \$100.00

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 GOTTFRIED, NEIL S 19344 NW 12TH STREET PEMBROKE PINES, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5009 W Dunnellon Rd Dunnellon, Florida 34433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOTTFRIED, TAMMY 19344 NW 12TH STREET PEMBROKE PINES, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gottfried, Tammi 5009 W Dunnellon Rd Dunnellon, FL 34433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200066209242 02/20/06--01059--015 **100.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 05-06
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Tammi Gottfried** **Tammi Gottfried MGRM** 1-23-2006 352 465-0461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #