

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000051785

1. Entity Name  
RAZON-FORREST, LLC



FILED

07 SEP 27 PM 4:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
105 HANNON MILL ROAD  
TALLAHASSEE, FL 32305

Mailing Address  
105 HANNON MILL ROAD  
TALLAHASSEE, FL 32305

2. Principal Place of Business - No P.O. Box #

4808 Woodlane Circle

3. Mailing Address

P. O. Box 38357

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09262007 REIN-LLC CR2E101 (1/07)

City & State  
TALLAHASSEE, FL

City & State  
TALLAHASSEE, FL

4. FEI Number  
NOT APPLICABLE

Applied For  
☒ Not Applicable

Zip  
32303

Country  
US

Zip  
32315

Country  
US

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

## 6. Name and Address of Current Registered Agent

RAZON, VIKTOR  
105 HANNON MILL ROAD  
TALLAHASSEE, FL 32305

## 7. Name and Address of New Registered Agent

Name  
RAZON, VIKTOR  
Street Address (P.O. Box Number is Not Acceptable)  
4808 WOODLANE CIRCLE  
City TALLAHASSEE FL Zip Code 32303

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

09/27/07

FILE NOW!!! FEE IS \$50.00  
After January 1, 2008, Fee will be \$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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
RAZON, VIKTOR  
105 HANNON MILL ROAD  
TALLAHASSEE, FL 32305 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
RAZON, VIKTOR  
P. O. BOX 38357  
TALLAHASSEE, FL 32315 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
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09/28/07--01054--023 \*\*55.00

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
REINSTATEMENT 2007

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

09/27/07