

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

06 NOV -3 PM 5:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L04000052962					
1. Entity Name R & H PROPERTIES, LLC					
Principal Place of Business 2777 OLDE CYPRESS DRIVE NAPLES, FL 34119			Mailing Address 2777 OLDE CYPRESS DRIVE NAPLES, FL 34119		
2. Principal Place of Business 3295 Pine Ridge Rd. Suite, Apt. #, etc.		3. Mailing Address 3295 Pine Ridge Rd. Suite, Apt. #, etc.			
City & State Naples FL		City & State Naples FL		4. FEI Number 20-1408642	
Zip 34109		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HAEFCKE, PAUL G 2777 OLDE CYPRESS DRIVE NAPLES, FL 34119			7. Name and Address of New Registered Agent Name: <u>Haefcke, Theresa</u> Street Address (P.O. Box Number is Not Acceptable): 3295 Pine Ridge Rd. City: <u>Naples</u> <u>FL</u> <u>34109</u>		
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: <u>Theresa Haefcke</u> 10/31/06 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, 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 HAEFCKE, PAUL G 2777 OLDE CYPRESS DRIVE NAPLES, FL 34119	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Haefcke, Theresa 3295 Pine Ridge Rd Naples, FL 34109	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Ramos, Jesus M. 3295 Pine Ridge Rd. Naples, FL 34109	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Ramos, Eldanira 3295 Pine Ridge Rd. Naples, FL 34109	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 	☐ 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: <u>Theresa Haefcke</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date: <u>10/31/06</u> <u>239-592-5255</u> Daytime Phone #	

REINSTATEMENT

2006