2008 LIMITED LIABILITY COMPANY REINSTATEMENT

KEINSTATEMENT								r lucu			
DOCUMENT # L04000072368							SECRETARY OF STATE DIVISION OF CORPORATIONS				
1. Entity Nam	ne				31710.011	J, 50111 0	1171101				
IDEAL TE	ROCKING	s, LLC			08 FEB 2 6 PM 4: 30						
Principal Plac	e of Busines	s	Mailing Address			1					
5509 MULBERRY DRIVE			5509 MULBERRY DRIVE								
TAMARAC, FL 33319			TAMARAC, FL 33319				III COIS DIDII BOIN TRIK ROI	(4 83 /14 1 34 18 (4 8 88)	 	8 0 1 1871	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01172008	REIN-LLC	CR2E101	(1/07)		
City & State			City & State			4. FEI Numb	per PPLICABLE			plied For Applicable	
Zip		Country Zip		Cour	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 Name						
YOUNG, EVERTON											
5509 MULBERRY DRIVE TAMARAC, FL 33319				Street Address			(P.O. Box Number is Not Acceptable)				
					City			FL	Zip Code	,	
	named entit	y submits this statement for	ed office or register	ed agent, or bo	oth, in the State of Fig		iliar with, a	and accept			
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algusture rec							2)	DATE			
FILE NOW!!! FEE IS \$277.50 In accordance with s. 607 liability company did not re					93(2)(b), F.S., the beive the prior not	F.S., the limited Make check payable to prior notice. Florida Department of State					
9.		MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES			
TITLE	MGR. Delete IIIL					10011884797hape - Addition					
NAME STREET ADDRESS	YOUNG, EVERTON L 5509 MULBERRY DR.				E Et address	02/2	6/0801027	'013 ·	**282.	.50	
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CITY-ST-ZIP				-ST-ZIP		\	$\mathcal{N}_{\mathcal{O}}$	\mathcal{U}^{\bullet}			
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 cond in the condition of the condition											
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 truster improvement to execute this report as required by Chapter 608, Florida Statutes.											
SIGNAT	SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME & SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylitre Phone #										
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