

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000081019

1. Entity Name  
RHF ASSOCIATES, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC 19 AM 10:54

Principal Place of Business  
5499 N. FEDERAL HIGHWAY  
SUITE P  
BOCA RATON, FL 33487

Mailing Address  
5499 N. FEDERAL HIGHWAY  
SUITE P  
BOCA RATON, FL 33487

2. Principal Place of Business  
2000 N. Ocean Boulevard

Suite, Apt. #, etc.

Suite 102

City & State  
Boca Raton FL

Zip Country  
33431 USA

3. Mailing Address  
2000 N. Ocean Boulevard

Suite, Apt. #, etc.

Suite 102

City & State  
Boca Raton FL

Zip Country  
33431 USA



12132006 REIN-LLC CR2E101 (11/05)

4. FEI Number  
NOT APPLICABLE

☒ Applied For  
☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

SICILIANO, THOMAS V  
980 N. FEDERAL HIGHWAY  
SUITE 440  
BOCA RATON, FL 33432

## 7. Name and Address of New Registered Agent

Name Derek A. Schwartz, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
2385 Executive Center Drive

Suite 190

City Boca Raton FL Zip Code 33431

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)

Derek A. Schwartz

12/13/06

DATE

**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

TITLE MGR  
NAME FRENGUT, RENEE H  
STREET ADDRESS 5499 N FEDERAL HWY, STE P  
CITY-ST-ZIP BOCA RATON, FL 33487 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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 ☐ Change ☐ Addition  
700082636037  
12/19/06--01025--010 \*\*155.00

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 2006

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

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: Renee H. Frengut  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

12/13/06

Date

561 981 8089

Daytime Phone #