

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**

2006 APR 10 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000086506

1. Entity Name  
RMRV, L.L.C.



Principal Place of Business  
C/O RICHARD ARKIN  
3 HUDSON DRIVE  
DOBBS FERRY, NY 10522

Mailing Address  
C/O RICHARD ARKIN  
3 HUDSON DRIVE  
DOBBS FERRY, NY 10522

05



04072006 REIN-LLC CR2E101 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
20-1963925

Applied For  
Not Applicable

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

SAVARY, JOHNSON S JR, ESQ  
22 S. LINKS AVENUE, SUITE 300  
SARASOTA, FL

Name Savary, Johnson S. Jr. Esq.

Street Address (P O Box Number is Not Acceptable)

1990 Main Street, Suite 700

City Sarasota

FL

Zip Code 34236

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

Johnson S. Savary Jr.

4-7-06

**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 MGR  
NAME ARKIN, RICHARD  
STREET ADDRESS 3 HUDSON DRIVE  
CITY-ST-ZIP DOBBS FERRY, NY 10522 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 900070460729  
CITY-ST-ZIP 04/14/06--01041--026 \*\*100.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 #

914-906-0163

4/6/06

REINSTATEMENT 2005-2006

L04000086506  
2006 APR 10 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

RMRV, L.L.C.  
C/O RICHARD ARKIN  
3 HUDSON DRIVE  
DOBBS FERRY, NY 10522

April 7, 2006

TO WHOM IT MAY CONCERN:

The undersigned Manager hereby states that the 2005 Notice of Filing Annual Report for the above-referenced entity (RMRV, L.L.C., Document #L04000086506) was not received. Please waive any late fees or penalties for reinstatement of said entity with the State of Florida office of Secretary of State.

By: 

Richard Arkin, Manager

BK