

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000086579

Entity Name: A.R. ASSOCIATES,LLC

**FILED**  
**Apr 03, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

700 HARBOUR ISLES WAY  
NORTH PALM BEACH,, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

700 HARBOUR ISLES WAY  
NORTH PALM BEACH,, FL 33410

**New Mailing Address:**

FEI Number: 20-1939115

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ANDERSON, R. CASSIAN  
700 HARBOUR ISLES WAY  
NO. PALM BEACH, FL 33410 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: R.CASSIAN ANDERSON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ANDERSON, R. CASSIAN  
Address: 700 HARBOUR ISLES WAY  
City-St-Zip: NO. PALM BEACH, FL 33410

Title: MGRM ( ) Delete  
Name: ANDERSON, RODNEY  
Address: 700 HARBOUR ISLES WAY  
City-St-Zip: NO. PALM BEACH, FL 33410

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: R.CASSIAN ANDERSON

MGR

04/03/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date