2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 09, 2006
Secretary of State

DOCUMENT# L05000022393

Entity Name: RNR LLC

Current Principal Place of Business:

6334 OAK SHORE DRIVE
SAINT CLOUD, FL 34771

New Principal Place of Business:

Current Mailing Address:

6334 OAK SHORE DRIVE
SAINT CLOUD, FL 34771

New Mailing Address:

FEI Number: 20-2785777 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: SCOTT CAAREY

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	CAREY, SCOTT	
Address:	6334 OAK SHORE DRIVE	
City-St-Zip:	SAINT CLOUD, FL 34771	
Title:	MGRM	( ) Delete
Name:	HICKMAN, MERRY JANE	
Address:	6334 OAK SHORE DRIVE	
City-St-Zip:	SAINT CLOUD, FL 34771	
Title:	MGRM	( ) Delete
Name:	CAREY, STEPHANIE	
Address:	6334 OAK SHORE DRIVE	
City-St-Zip:	SAINT CLOUD, FL 34771	
Title:	MGRM	( ) Delete
Name:	HICKMAN, KYLE	
Address:	6334 OAK SHORE DRIVE	
City-St-Zip:	SAINT CLOUD, FL 34771	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: SCOTT CAREY MGRM 11/09/2006

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