

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 12 PM 1:22

DOCUMENT # L05000037538

1. Entity Name
RODNEY RUPERT, L.L.C.



Principal Place of Business Mailing Address
P.O. BOX P.O. BOX 3426
3426 ST. AUGUSTINE, FL
ST. AUGUSTINE, FL 32085-3426 32085-3426

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
FERRAN c/o KESHNER PO BOX 3426
Suite, Apt. #, etc. Suite, Apt. #, etc.
37 MANRESA RD RODNEY RUPERT LLC
City & State City & State
ST. AUGUSTINE, FL ST. AUGUSTINE, FL



05202008 REIN-LLC CR2E101 (1/07)

4. FEI Number Applied For
54-2171961 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

FERRAN, ROBERT C
c/o KESHNER
37 MANRESA RD
ST. AUGUSTINE, FL 32084

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

FILE NOW!!! FEE IS \$277.50

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 MGRM
NAME FERRAN, ROBERT C
STREET ADDRESS 1906 NW 24TH ST
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE MGRM
NAME FERRAN, ROBERT c/o KESHNER
STREET ADDRESS 37 MANRESA RD
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

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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

5/10/2008 (904) 263-0590

Date Daytime Phone #

REINSTATEMENT 2007-08