

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000054173

Entity Name: RGR, LLC

FILED
Nov 19, 2007
Secretary of State

Current Principal Place of Business:

99 N.W. 183RD STREET,
SUITE, 130
MIAMI, FL 33169

New Principal Place of Business:

99 N.W. 183RD STREET,
SUITE, 111
MIAMI, FL 33169

Current Mailing Address:

99 N.W. 183RD STREET,
SUITE, 130
MIAMI, FL 33169

New Mailing Address:

99 N.W. 183RD STREET,
SUITE, 111
MIAMI, FL 33169

FEI Number: 03-0562379 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

ROY, GREGORY G SR.
764 N.E. 164TH STREET
NORTH MIAMI BEACH, FL 33162 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: GREGORY ROY SR.

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROY, GREGORY G SR.
Address: 764 N.E. 164TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGR () Delete
Name: ROY, REGINE C
Address: 764 N.E. 164TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162 FL

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 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: GREGORY ROY SR.

MGRM

11/19/2007

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