

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000064542

1. Entity Name
RAMELLA TECHNOLOGY GROUP LLC



FILED

09 NOV 26 AM 10:57

Principal Place of Business
13520 RUSTIC PINES BLVD., S.
SEMINOLE, FL 33776

Mailing Address
13520 RUSTIC PINES BLVD., S.
SEMINOLE, FL 33776

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

11212008 REIN-LLC CR2E101 (1/07)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
20-4497769

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

R4AMELLA, SCOTT R
13520 RUSTIC PINES BLVD., S.
SEMINOLE, FL 33776

Name
RAMELLA, SCOTT R
Street Address (P.O. Box Number is Not Acceptable)
13520 RUSTIC PINES BLVD S.
City SEMINOLE, FL Zip Code 33776

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

11/19/2008

FILE NOW!!! FEE IS \$138.75
After January 1, 2009, Fee will be \$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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
RAMELLA, SCOTT R
13520 RUSTIC PINES BLVD., S.
SEMINOLE, FL 33776 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
200138365702
12/02/08--01011--004 **138.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RAMELLA, LAURA
13520 RUSTIC PINES BLVD., S.
SEMINOLE, FL 33776 ☐ Delete

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

TITLE
NAME
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CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

Scott R Ramella

11/19/2008