

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000104260

Entity Name: BERRONES RANCH, LLC

**FILED**  
**Oct 24, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

711 NW 17 STREET  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

19350 SW 288 STREET  
HOMESTEAD, FL 33030 US

**Current Mailing Address:**

711 NW 17 STREET  
HOMESTEAD, FL 33030

**New Mailing Address:**

19350 SW 288 STREET  
HOMESTEAD, FL 33030 US

FEI Number: 20-5728647      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:**

BERRONES, GUADALUPE  
711 NW 17 STREET  
HOMESTEAD, FL 33030 US

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

BERRONES, GUADALUPE  
19350 SW 288 STREET  
HOMESTEAD, FL 33030 US

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: GUADALUPE BERRONES

10/24/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BERRONES, GUADALUPE  
Address: 711 NW 17 STREET  
City-St-Zip: HOMESTEAD, FL 33030

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BERRONES, GUADALUPE  
Address: 19350 SW 288 STREET  
City-St-Zip: HOMESTEAD, FL 33030 US

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: GUADALUPE BERRONES

MGR

10/24/2006

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