

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000104645

1. Entity Name  
ROCK SOLID STONE, LLC



FILED  
SECRETARY OF STATE  
CORPORATION DIVISION

2006 NOV -7 PM 5:21

Principal Place of Business  
ATTN: MATTHEW W. GRZESZCZAK  
1548 MARINER WAY  
HOLLYWOOD, FL 33019

Mailing Address  
ATTN: MATTHEW W. GRZESZCZAK  
1548 MARINER WAY  
HOLLYWOOD, FL 33019

2. Principal Place of Business  
18800 NE 29 Ave  
Suite, Apt. #, etc.  
612

3. Mailing Address  
18800 NE 29 Ave  
Suite, Apt. #, etc.  
#612



11022006 REIN-LLC CR2E101 (11/05)

City & State  
Aventura & FL  
Zip  
33180  
Country  
USA

City & State  
FL & Aventura  
Zip  
33180  
Country  
USA

4. FEI Number  
020757644  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

GRZESZCZAK, MATTHEW W  
1548 MARINER WAY  
HOLLYWOOD, FL 33019

## 7. Name and Address of New Registered Agent

Name  
NECIP BOZKIR  
Street Address (P.O. Box Number is Not Acceptable)  
18800 NE 29 Ave #612  
City Aventura FL Zip Code 33180

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11/02/06  
DATE

**FILE NOW!!! FEE IS \$50.00**  
After January 1, 2007, Fee will be \$100.00

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
GRZESZCZAK, MATTHEW W  
1548 MARINER WAY  
HOLLYWOOD, FL 33019 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
BOZKIR, NECIP  
1548 MARINER WAY  
HOLLYWOOD, FL 33019 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
800081551548  
11/05/06--01036--015 \*\*\$0.00

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

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

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

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

TITLE  
NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

11/02/06 (786) 9421375