

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000121607

Entity Name: RANA FORTUNATUS LLC

**FILED**  
**Sep 27, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

605 BLUE LAKE DRIVE  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

214 THISTLEWOOD CIRCLE  
LONGWOOD, FL 32779 US

**Current Mailing Address:**

605 BLUE LAKE DRIVE  
LONGWOOD, FL 32779 US

**New Mailing Address:**

214 THISTLEWOOD CIRCLE  
LONGWOOD, FL 32779 US

FEI Number: 20-3978652      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:**

HALLIBURTON, SHARON B  
605 BLUE LAKE DRIVE  
LONGWOOD, FL 32779 US

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

LOWE, SHARON B  
214 THISTLEWOOD CIRCLE  
LONGWOOD, FL 32779 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: SHARON LOWE

09/27/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HALLIBURTON, SHARON B  
Address: 605 BLUE LAKE DRIVE  
City-St-Zip: LONGWOOD, FL 32779 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LOWE, SHARON B  
Address: 214 THISTLEWOOD CIRCLE  
City-St-Zip: LONGWOOD, FL 32779 US

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: SHARON LOWE

MRS

09/27/2007

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