

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000022774

1. Entity Name
PRB, LLC



FILED

07 OCT 19 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
18700 WEST 10 MILE RD.
2ND FLOOR
SOUTHFIELD, MI 48075

Mailing Address
18700 WEST 10 MILE RD.
2ND FLOOR
SOUTHFIELD, MI 48075

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10042007 REIN-LLC

CR2E101 (1/07)

4. FEI Number

20-4819092

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEER, PETER
11642 MARTEL CT.
LEESBURG, FL 34788

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

10/16/07

FILE NOW!!! FEE IS \$50.00
After January 1, 2008, 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
BEER, PETER
18700 WEST 10 MILE RD.
SOUTHFIELD, MI 48075

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
SORRENTINO, BENEDETTO
18700 WEST 10 MILE RD.
SOUTHFIELD, MI 48075

☐ Delete

TITLE
NAME
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CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
100111013821
10/19/07--01049--009 **\$5.00

TITLE
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CITY - ST - ZIP
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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 #

10/16/07

REINSTATEMENT

2007