

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000077170

1. Entity Name
RED TREE, LLC



Principal Place of Business

~~1510 NW 128TH DRIVE~~
~~#301~~
~~SUNRISE, FL 33323 US~~

Mailing Address

~~1510 NW 128TH DRIVE~~
~~#301~~
~~SUNRISE, FL 33323 US~~

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

4581 Weston Rd.
Suite, Apt. #, etc.
213

3. Mailing Address

4581 Weston Rd.
Suite, Apt. #, etc.
213

City & State

Weston FL

City & State

Weston FL

Zip

33331

Country

USA

Zip

33331

Country

USA

07082008

REIN-LLC

CR2E101 (1/07)

4. FEI Number

20-5328367

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCLEAN, ROBERT
1510 NW 128TH DRIVE
#301
SUNRISE, FL 33323

7. Name and Address of New Registered Agent

Name: Christy Grant
Street Address (P.O. Box Number is Not Acceptable)
4581 Weston Rd.
Suite 213
City: Weston FL Zip Code: 33331

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)

7/8/08
DATE

FILE NOW!!! FEE IS \$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

TITLE: MGR
NAME: GRANT, CHRISTY ☐ Delete
STREET ADDRESS: 1510 NW 128TH DRIVE #301
CITY-ST-ZIP: SUNRISE, FL 33323

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
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NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

10. ADDITIONS/CHANGES

TITLE: ☒ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: 4581 Weston Rd.
CITY-ST-ZIP: #213 Weston, FL 33331

TITLE: ☐ Change ☐ Addition
NAME: 800132890148
STREET ADDRESS: 07/14/08--01052--006
CITY-ST-ZIP: **277.50

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

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TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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]*

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

7/8/08

Date

954-707-1737

Daytime Phone #