

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000083431

1. Entity Name  
RENEE LLC.



Principal Place of Business  
2300 NW 81 TERR.  
SUNRISE, FL 33322 US

Mailing Address  
2300 NW 81 TERR.  
SUNRISE, FL 33322 US

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

10282008 REIN-LLC CR2E101 (1/07)

4. FEI Number 20-5432293	Applied For
	Not Applicable

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

## 6. Name and Address of Current Registered Agent

WILLIAMSON, RENEE  
2300 NW 81 TERR.  
SUNRISE, FL 33322

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

FILE NOW!!! FEE IS \$138.75  
After January 1, 2009, Fee will be \$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

## 10. ADDITIONS/CHANGES

TITLE MGR  
NAME WILLIAMSON, RENEE  
STREET ADDRESS 2300 NW 81 TERR.  
CITY-ST-ZIP SUNRISE, FL 33322

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

200137494272  
10/30/08-01047-013 \*\*138.75

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
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CITY-ST-ZIP

Delete

TITLE  
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CITY-ST-ZIP

Change  Addition

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CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

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 #

11-10-08

754-234-1425

FILED  
08 NOV 18 PM 1:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

