


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000083799

1. Entity Name
ROSS-REID LLC

07



Principal Place of Business
1521 ALTON ROAD, SUITE 441
MIAMI BEACH, FL 33139

Mailing Address
% MITCHELL S. POLANSKY, ESQ.
2665 S. BAYSHORE DRIVE, SUITE 703
MIAMI, FL 33133

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

Zip
Country


6. Name and Address of Current Registered Agent

POLANSKY, MITCHELL S ESQ.
2665 SOUTH BAYSHORE DRIVE
SUITE 703
MIAMI, FL 33133

FILED

08 FEB -5 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01152008 REIN-LLC CR2E101 (1/07)

4. FEI Number ☒ Applied For
☐ Not Applicable

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

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
MITCHELL S. POLANSKY, Esquire 2/4/2008

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 ROSS, DUNCAN
STREET ADDRESS 3017 EAST BRIGHTON STREET
CITY-ST-ZIP FURLONG, PA 18925

☒ Delete

TITLE MGR
NAME REID, PETER T
STREET ADDRESS 47 SHEPERDS LANE, UPTON
CITY-ST-ZIP CHESTER CH2 2DH, UK,

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

☐ Change ☐ Addition
300118347413
02/19/08--01045--029 **277.50

☐ Change ☐ Addition

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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.
MITCHELL S. POLANSKY (305) 858-9900 2/4/2008

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

REINSTATEMENT 2007-2008