

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000089964

Entity Name: RAN 3 L.L.C.

FILED
Oct 04, 2007
Secretary of State

Current Principal Place of Business:

610 FOREST LAKE DRIVE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

610 FOREST LAKE DRIVE
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 26-0228353 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:

Name and Address of New Registered Agent:

SUAREZ, NURY I MS
610 FOREST LAKE DRIVE
ALTAMONTE SPRINGS, FL 32714 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: NURYS SUAREZ

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: APONTE, ABEL SR
Address: 2705 DORADO CT
City-St-Zip: APOPKA, FL 32703

Title: MGR () Delete
Name: SOTO, RAQUEL MRS
Address: 1193 WOODLAND TERRACE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: SOTO, OSCAR
Address: 1193 WOODLAND TERRACE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: ABEL APONTE

MGR

10/04/2007

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