

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000105672

Entity Name: MOBILE R&R, LLC

**FILED**  
**Nov 03, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

4599 FOWLER STREET  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

4599 FOWLER STREET  
FORT MYERS, FL 33907

**New Mailing Address:**

225 NE 7TH PL  
CAPE CORAL, FL 33909

FEI Number: 20-5899726      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:**

DESTEFANO, DOREEN  
225 NE 7TH PL  
CAPE CORAL, FL 33909      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: DOREEN DESTEFANO

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: DESTEFANO, DOREEN  
Address: 222 NE 7TH PL  
City-St-Zip: CAPE CORAL, FL 33909

**ADDITIONS/CHANGES:**

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

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: DOREEN DESTEFANO

PRIN

11/03/2008

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