

# L06000109048

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 MAY -4 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L06000109048

1. Limited Liability Company's Name

RANCHES AT MOUNTAIN CREEK HOLDINGS, LLC

07

000149330890  
04/09/09--01041--007 \*\*377.50

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

1570 MADRUGA AVE

Suite, Apt. #, etc.

SUITE 407

City & State

CORAL GABLES FL

Zip

33146

Country

USA

3. Mailing Office Address

c/o Mellan Registered Agents

Suite, Apt. #, etc.

2601 S. BAYSHORE DR #700

City & State

COCONUT GROVE FL

Zip

33133

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

11/09/06

6. FEI Number

☐ Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Mellan REGISTERED AGENTS, LLC

Street Address (P.O. Box Number is Not Acceptable)

2601 S. BAYSHORE DRIVE

Suite, Apt. #, Etc.

SUITE 700

City

COCONUT GROVE

State

FL

Zip Code

33133

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 04/03/09

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ALEGRE, CLAUDIO	1570 MADRUGA AVE #407	CORAL GABLES, FL 33146
MGR	SALCINES, ANDRE	"	"
MGR	PORRY, ANA	"	"
			000149330890 05/06/09--01016--025 **38.75
			REINSTATEMENT without Penalty
		MF 614	2007-2009

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager

AS ACCOUNTANT

Date 4/3/09

Daytime Phone #

305-444-5969

Typed or printed name of signing Managing Member/Manager

ANA PORRY