

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000021657

1. Entity Name
RRCK PROPERTIES LLC



Principal Place of Business
205 WALLER WAY
BUILDING 3 UNIT B
ST AUGUSTINE, FL 32084

Mailing Address
205 WALLER WAY
BUILDING 3 UNIT B
ST AUGUSTINE, FL 32084

FILED
08 NOV -4 PM 5:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

205 Water Way
Suite, Apt. #, etc.
Unit 2

3. Mailing Address

205 Water Way
Suite, Apt. #, etc.
Unit 2

10292008 REIN-LLC CR2E101 (1/07)

City & State

City & State

4. FEI Number

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAGLE, HENRY C
633 BAHIA STREET
ST AUGUSTINE, FL 32086

7. Name and Address of New Registered Agent

Name Laurence, Robert J.
Street Address (P.O. Box Number is Not Acceptable)
205 Water Way
Unit 2
City St. Augustine, FL Zip Code 32084

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

10-31-08

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

TITLE MGR ☐ Delete
NAME FIRST CITY HOMES LLC
STREET ADDRESS 663 BAHIA STREET
CITY-ST-ZIP ST AUGUSTINE, FL 32086

TITLE MGR ☐ Delete
NAME WHITE, KENNETH
STREET ADDRESS 1805 CASTLE STREET
CITY-ST-ZIP ST AUGUSTINE, FL 32086

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 205 Water Way, Unit 2
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

10-31-08

REINSTATEMENT

2008