PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY	DEPARTMENT OF STATE Secretary of State ISION OF CORPORATIONS		FILED 2014 FEB -8 PH IS 17
DOCUMENT # L070000 44517 1. Limited Liability Company's Name RR R E M, LLC		SECRETARY OF STATE TALLAHASSEE.FLORIDA BOO255822453 01/21/1401004021 ***655.00	
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 108 Arlanie Rd Suite, Apt. #, etc. Suite, Apt. #, etc.		4. State/Country of Formation	
City & State Zip Zip Zip Zip Zip Zip Zip Zi	OKSUITE FL OOH USA	6. FEI Number 30 893	nized or Qualified inness in Florida
8. Name and Address of Current Registered Agent Name COH (DQ SO) Street Address (P.O. Box Number is Not Acceptable) W. KONOCH BYO		E-mail Address:	
Suite, Apt. #, Etc. City OCL 9. I, being appointed the registered agent of the above named limit	State Zip Code FL 3269 ed liability company, am familiar with and a	(To be	e used for future annual report notices)
Signature of Registered Agent Horgan Date 1-16-2014			
10. Names and Addresses of Each Person Authorized to manage Titles AMBR/MGR Name of Authorized Person	the Limited Liability Company Street Address of Each Authorize	d Person	City / State / Zip
mar Roger H May	1108 Arlanie Rd		Brooksville, Fl 34604
		STA	TEMENT
11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, 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 Chapter 605, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of Authorized Person Daytime Phone # 250-799-66000			