


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000055850		
1. Entity Name RIGHT DOCS. R & D, LLC		

FILED
08 DEC 23 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3250 NE 28 STREET 109 FORT LAUDERDALE, FL 33308 US	Mailing Address 2775 NE 187 STREET 614 219 AVENTURA, FL 33180 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2775 NE 187 Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 219	
City & State		City & State Aventura FL	
Zip	Country	Zip	Country
		33180	USA



12162008 REIN-LLC CR2E101 (1/07)

4. FEI Number 26-1859795		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TORRES, ROSS L MS 2775 NE 187 STREET 614 219 AVENTURA, FL 33180		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TORRES, ROSS L MS 2775 NE 187 STREET, SUITE 614 219 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000139172810 12/19/08--01038--016 **138.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Ross Torres, Managing Partner 12/16/08 954-849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # 2999