

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILING CANCELLED
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FILED

13 APR 25 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
		DOCUMENT # <u>L07000107087</u>

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1. Limited Liability Company's Name
RANCHO LOS BUCAROS, L.L.C.

2. Principal Office Address - No P.O. Box # 18151 SW 280 STREET		3. Mailing Office Address 18151 SW 280 STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HOMESTEAD, FL		City & State HOMESTEAD, FL	
Zip 33031	Country USA	Zip 33031	Country USA

4. State/Country of Formation FL, USA	
5. Date Organized or Qualified To Do Business in Florida 10/22/2007	
6. FEI Number	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
WILLIAM ROZELLI, PA

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

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33131

E-mail Address:

600247222376
04/25/13--01009--016 **793.75

PUBLICAUDITING@ATT.NET

(To be used for future annual report notices)

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 *William Rozelli* Date 04/18/2013

REGISTERED AGENT MUST SIGN

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
MGRM	HENAO, GUILLERMO	18151 SW 280 STREET	HOMESTEAD, FL 33031
MEMBER	GARCIA, FRANKLIN	18151 SW 280 STREET	HOMESTEAD, FL 33031

REINSTATEMENT
2009-13

S. HAWKES
APR 29 2013
EXAMINER

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. 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 Managing Member/Manager *Guillermo Heno* Date 04/18/2013 Daytime Phone # 305-224-1441

Typed or printed name of signing Managing Member/Manager **GUILLERMO HENAO**