

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000122061

**FILED**  
**Jan 22, 2009**  
**Secretary of State**

**Entity Name:** RENATA'S PROPERTIES, LLC

**Current Principal Place of Business:**

11365 EARNEST BLVD.  
DAVIE, FL 33325 US

**New Principal Place of Business:**

**Current Mailing Address:**

11365 EARNEST BLVD.  
DAVIE, FL 33325 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KOHOUTEK, RENATA  
11365 EARNEST BLVD.  
DAVIE, FL, FL 33325 US

**Name and Address of New Registered Agent:**

KOHOUTEK, RENATA  
11365 EARNEST BOULEVARD  
DAVIE, FL 33325 US

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.

SIGNATURE: RENATA KOHOUTEK

01/22/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KOHOUTEK, RENATA  
Address: 11365 EARNEST BLVD.  
City-St-Zip: DAVIE, FL 33325 US

Title: MGR ( ) Delete  
Name: POGGI, MICHAEL  
Address: 11365 EARNEST BLVD  
City-St-Zip: DAVIE, FL 33325 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RENATA KOHOUTEK

MM

01/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date