

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000098888

FILED  
Oct 26, 2009  
Secretary of State

Entity Name: RNR PUBLIC RELATIONS, LLC

**Current Principal Place of Business:**

1400 SALZEDO STREET  
TH-1  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

2650 SW 37TH AVE  
APT 706  
COCONUT GROVE, FL 33133

**Current Mailing Address:**

1400 SALZEDO STREET  
TH-1  
CORAL GABLES, FL 33134

**New Mailing Address:**

2650 SW 37TH AVE  
APT 706  
COCONUT GROVE, FL 33133

FEI Number: 26-3547719      FEI Number Applied For ( )      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:**

ROBINS, ALLISON  
1400 SALZEDO STREET  
TH-1  
CORAL GABLES, FL 33134 US

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

ROBINS, ALLISON  
2650 SW 37TH AVE  
APT 706  
COCONUT GROVE, FL 33133 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: ALLISON ROBINS

10/26/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: NEWMAN, ELIZABETH  
Address: 1400 SALZEDO STREET  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: RICH, AMANDA  
Address: 1400 SALZEDO STREET  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: ROBINS, ALLISON  
Address: 1400 SALZEDO STREET  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: RICH, AMANDA  
Address: 50 SW 10TH STREET, APT 914  
City-St-Zip: MIAMI, FL 33130

Title: MGRM (X) Change ( ) Addition  
Name: ROBINS, ALLISON  
Address: 2650 SW 37TH AVE, APT 706  
City-St-Zip: COCONUT GROVE, FL 33133

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: ALLISON ROBINS

MGRM

10/26/2009

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