

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