PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L14000024888

1 Limited Liability Company's Name

ARANDA III INVESTMENTS LLC

900296673359
03/14/17--01005--005 **516.25

CR2E041 (1/14)

2 Principal Office Address - No P.O. Box #	3 Mailing Office Address
3 Ibis LANE	3 Ibis LANE
Suite Apt. # etc	Suite Apt. # etc
City & State: MARATHON, FL	City & State: MARATHON FL
Zip: 33050 County: USA	Zip: 33050 County: USA

4 State, Country, or Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 02/12/2014

6 FEI Number: 46-4819719 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ **$5.00 Additional Fee required for a certificate of status**

8 Name and Address of Current Registered Agent

Name: Michael F ARANDA

Street Address - P.O. Box Number is Not Acceptable - Suite Apt. # Etc: 3 Ibis LANE

City: MARATHON State: FL Zip Code: 33050

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2017 APR 10 A 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9. I being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605

Signature of Registered Agent: _____ Date: 04/07/17

REGISTERED AGENT MUST SIGN

10 Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	ARANDA, Michael F.	3 Ibis LANE	MARATHON, FL 33050
MGR	ARANDA, Tonya L.	3 Ibis LANE	MARATHON, FL 33050

REINSTATEMENT
2015-2017
D. Bruce

11 E-mail Address: mike@solidconceptsllc.com
(To be used for future annual report notification)

12 I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member _____ Date 04/07/17 Daytime Phone # 561-722-6590

Typed or printed name of signing authorized representative/member _____

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 14, 2017

MICHAEL F. ARANDA
311 CENTER STREET
JUPITER, FL 33458

SUBJECT: ARANDA III INVESTMENTS, LLC
Ref. Number: L14000024888

We have received your document for ARANDA III INVESTMENTS, LLC and your check(s) totaling $516.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 117A00004886

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TALLAHASSEE, FLORIDA

2017 APR 10 PM 12:04
TALLAHASSEE, FLORIDA