

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M06000001792

Entity Name: RONI CAPITAL, LLC

**FILED**  
**Jun 27, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

2029 CENTURY PARK EAST, #800  
LOS ANGELES, CA 90097

**New Principal Place of Business:**

11376 JOG ROAD  
STE 102  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

2029 CENTURY PARK EAST, #800  
LOS ANGELES, CA 90097

**New Mailing Address:**

C/O DASZKAL BOLTON, 4455 MILITARY TR.  
201  
JUPITER, FL 33458

FEI Number: 77-0492406

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

HARGER, WILLIAM  
11376 JOG ROAD  
SUITE 102  
PALM BEACH GARDENS, FL 33418 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: WILLIAM HARGER

06/27/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HARGER, WILLIAM  
Address: 4278 MARIPOSA DRIVE  
City-St-Zip: SANTA BARBARA, CA 93110

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HARGER, WILLIAM  
Address: PO BOX 33419  
City-St-Zip: PALM BEACH GARDENS, FL 33420

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: WILLIAM R. HARGER

MGR

06/27/2008

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