	iling Address:			
0-0	LEUCA ROAD ST RANCHES, FL 33330 US			
FEI Number: 83-0871765 Certificate of Status D			sired: No	
Name and	Address of Current Registered Agent:			
SALVER & CO 2721 EXECUT SUITE 4 WESTON, FL	IVE PARK DR			
2721 EXECUT SUITE 4 WESTON, FL	IVE PARK DR	its registered office or regis	tered agent, or both, in the State of F	lorida.
2721 EXECUT SUITE 4 WESTON, FL	IVE PARK DR 33331 US	its registered office or regis	tered agent, or both, in the State of F	ilorida. 05/22/2023
2721 EXECUT SUITE 4 WESTON, FL	IVE PARK DR 33331 US ed entity submits this statement for the purpose of changing	its registered office or regis	tered agent, or both, in the State of F	
2721 EXECUT SUITE 4 WESTON, FL The above name SIGNATUR	IVE PARK DR 33331 US ad entity submits this statement for the purpose of changing E: CORYDON COOK Electronic Signature of Registered Agent	its registered office or regis	tered agent, or both, in the State of F	05/22/2023
2721 EXECUT SUITE 4 WESTON, FL The above name SIGNATUR	IVE PARK DR 33331 US ad entity submits this statement for the purpose of changing E: CORYDON COOK	its registered office or regis	tered agent, or both, in the State of F	05/22/2023
2721 EXECUT SUITE 4 WESTON, FL The above name SIGNATUR Authorized	IVE PARK DR 33331 US ed entity submits this statement for the purpose of changing E: CORYDON COOK Electronic Signature of Registered Agent Person(s) Detail :			05/22/2023
2721 EXECUT SUITE 4 WESTON, FL The above name SIGNATUR Authorized Title	IVE PARK DR 33331 US ed entity submits this statement for the purpose of changing E: CORYDON COOK Electronic Signature of Registered Agent Person(s) Detail : MBR	Title	MGR	05/22/2023

2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L18000142577

Entity Name: RETSE RANCH, LLC

Current Principal Place of Business:

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID FRINGUELLI , ESTER D MBR

Electronic Signature of Signing Authorized Person(s) Detail

05/22/2023

Date