

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L15000102031

1. Limited Liability Company's Name

Rockin M Ranch, LLC

2. Principal Office Address - No P.O. Box #

179 Dawkins St.

Suite, Apt. #, etc.

3. Mailing Office Address

179 Dawkins St.

Suite, Apt. #, etc.

City & State

Wewahitchka FL

City & State

Wewahitchka FL

Zip

32465

Country

USA

Zip

32465

Country

USA

8. Name and Address of Current Registered Agent

Name

Julie McMillian

Street Address (P.O. Box Number is Not Acceptable) Suite,

179 Dawkins St.

Apt. #, Etc.

City

Wewahitchka

State

FL

Zip Code

32465

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

Signature of
Registered Agent

Julie McMillian

REGISTERED AGENT MUST SIGN

Date 10-13-16

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
AR	Julie McMillian	179 Dawkins St.	Wewahitchka, FL 32465
REINSTATEMENT 2016			

11. E-mail Address:

julieamcmillian@yahoo.com

(To be used for future annual report notifications)

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

Julie McMillian

Date

10-13-16

Daytime Phone #

850 227 6547

Typed or printed name of signing authorized representative/member

Julie McMillian

2016 OCT 18 AM 6:46

OCT 17 2016

L BERGER

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6-19-15

6. FEI Number

47-4314491

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required
for a certificate of status

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