

L07000018052

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # ~~L0000~~ L07000018052

Limited Liability Company's Name

JRR Investments LLC

Principal Office Address - No P.O. Box #

391 SW Windward Way

Suite Apt. #, etc.

3 Mailing Office Address

Same

Suite Apt. #, etc.

City & State

Palm City, FL 34990

City & State

Country

34990

USA

Zip

Country

8 Name and Address of Current Registered Agent

Name

Ryan A Seddon

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

5391 SW Windward Way

Apt. #, Etc.

City

Palm City

State

FL

Zip Code

34990

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

REGISTERED AGENT MUST SIGN

Date

1-10-20

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	Ryan A Seddon	5391 SW Windward Way	Palm City, FL 34990
GRM	Diane L Seddon	603 Hudson Bay Dr	Palm Beach Garden, FL 33410
			Y SULKER
			JAN 14 2020

11 E-mail Address

(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

Typed or printed name of signing authorized representative/member

Ryan A Seddon

Date

1/10/20

Daytime Phone #

301-301-9092

FILED

2020 JAN 14 AM 10:47

FILED

CR2E041 (1/1)

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified To Do Business in Florida

01/07/08

01/08

6. FEI Number

N/A

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a certificate of status

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