


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED

2021 AUG 30 PM 3:26

DOCUMENT # L00000004157

1. Limited Liability Company's Name
RSDL, L.L.C.

500873330495
08/30/21--01030--031 **857.50

2. Principal Office Address - No P.O. Box # 119-121 Australian Avenue		3. Mailing Office Address P.O. Box 347	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Palm Beach, FL		City & State Palm Beach, FL	
Zip 33480	Country USA	Zip 33480	Country USA

CR2E041 (1/14)

4. State/Country of Formation Florida/USA	
5. Date Organized or Qualified To Do Business in Florida 04/07/2000	
6. FEI Number 65-1088709	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent

Name
Kirk Grantham

Street Address (P.O. Box Number is Not Acceptable) Suite
1860 Forest Hill Blvd.

Apt. #, Etc.
Ste. 105

City
West Palm Beach

State
FL

Zip Code
33406

SEP 15 2021
1 ALBRITTON

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 Kirk Grantham Date 8/26/21

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
MGRM	Rhona S Derrin Liebersen	119 Australian Avenue	Palm Beach, FL 33480
MGRM	Scott J Derrin	P.O. Box 347	Palm Beach, FL 33480

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2016-2021

11. E-mail Address dana@kirkgrantham.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 Rhona S Derrin Liebersen Date 8/16/2021 Daytime Phone # (203) 515-8444

Typed or printed name of signing authorized representative/member Rhona S Derrin Liebersen