

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L01000022854

1. Limited Liability Company's Name  
**THE RYAN GROUP, LLC**

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

**2502 ROCKY POINT DRIVE**

Suite, Apt. #, etc.

**SUITE 1050**

City & State

**TAMPA, FLORIDA**

Zip

**33607**

Country

**USA**

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

8. Name and Address of Current Registered Agent

Name

**XYZ REGISTERED AGENT LLC**

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

**2502 ROCKY POINT DRIVE**

Apt. #, Etc.

**SUITE 1050**

City

**TAMPA**

State

**FL**

Zip Code

**33607**

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

**7/10/24**

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	John M. Ryan	2502 ROCKY POINT DRIVE, STE 1050	TAMPA, FL 33607

11. E-mail Address: **Brandon@metrodg.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

Date

**July 10, 2024**

Daytime Phone #

**813.288.8078**

Typed or printed name of signing authorized representative/member

**John Ryan**

LED

2024 JUL 11 AM 8:17

CLERK OF STATE  
TALLAHASSEE, FL

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CR2E041 (1/14)

4. State/Country of Formation

**Florida**

5. Date Organized or Qualified  
To Do Business In Florida

**Florida**

6. FEI Number

**01-0642874**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a certificate of status