

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 28 PM 5:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L02000003548

1. Limited Liability Company's Name

ROUDE'S AUTO SALES, LLC

MJH

2. Principal Office Address

465 MAITLAND AVE.

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS FL

Zip

32701

Country

USA

3. Mailing Office Address

465 MAITLAND AVE.

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS FL

Zip

32701

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

2/13/2002

6. FEI Number

74-3031763

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

MIRTHA VALDES MARTIN, CPA

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

420 SOUTH COUNTRY CLUB ROAD

Suite, Apt. #, Etc.

City

LAKE MARY

State

FL

Zip Code

32746

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*[Signature]* CPA

Date

10/22/03

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	GUILLERMO ROUDE	105 WINDMILL WAY	LONGWOOD FL 32750

REINSTATEMENT

2003

300024185613

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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of  
Managing Member/Manager

*[Signature]*

Date

10-22-03

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

GUILLERMO ROUDE

CR2E041 (10/02)