


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>L-02 00000 5092</u>			
1. Limited Liability Company's Name <u>R&R, LLC</u>			
2. Principal Office Address - No P.O. Box # <u>894 Island Way</u>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Clearwater, FL</u>		City & State	
Zip <u>33767</u>	Country	Zip	Country
4. State/Country of Formation		5. Date Organized or Qualified To Do Business In Florida <u>3/4/2002</u>	
6. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent		E-mail Address: <u>600252077666</u> <u>09/26/13--01002--002 **\$80.00</u> <u>lindab@jpfirm.ocm</u> (To be used for future annual report notices)	
Name <u>Michael T. Cronin</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>911 Chestnut Street</u>			
Suite, Apt. #, Etc.			
City <u>Clearwater</u>	State <u>FL</u>	Zip Code <u>33756</u> <u>lindab@jpfirm.com</u>	
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		Date <u>September 5, 2013</u>	
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
<u>MgrM</u>	<u>Donna Rodriguez</u>	<u>894 Island Way</u>	<u>Clearwater, FL 33767</u>
<u>REINSTATEMENT</u> <u>2010-2013 D. Bruce</u>			

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 upon 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. 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 Managing Member/Manager

Donna Rodriguez

Date

9-16-13

Daytime Phone #

352-989-0075

Typed or printed name of signing Managing Member/Manager