

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1882

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAR -3 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

previous DOC #

L02000020041

100029750181

03/03/04--01021--023 \*\*100.00

DOCUMENT #

1. Limited Liability Company's Name

Rizio Enterprises LLC

2. Principal Office Address

1940 Grenville court

Suite, Apt. #, etc.

City & State

Wesley chapel FL

Zip

33543

Country

U.S.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida/us.

5. Date Organized or Qualified  
To Do Business in Florida

8-7-2002

6. FEI Number

NONE

☒ 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

Emanuel M. Kennedy

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

1940 Grenville court

Suite, Apt. #, Etc.

City

Wesley chapel FL 33543

State

FL

Zip Code

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

EM Kennedy

Date

2/20/04

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
Ceo	Emanuel M. Kennedy	1940 Grenville ct	wesley chapel FL
			33543

REINSTATEMENT

03-04

OK

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

EM Kennedy

Date

2/20/04

Daytime Phone #

(813) 363-0040

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)

To whom it may concern.

2022

FILED

24 MAR 2022 10:05

SECRETARY OF STATE  
-TALLAHASSEE, FLORIDA

Due to moving to Ft. Myers Florida  
in 2002 then selling my Business there.  
and moving to Tampa Fl. in 2003  
the renewal for my LLC Never  
made it to me. Please allow  
me to Reinstat R1210 Enterprises  
LLC. Thank you.

Emanuel M. Kenned  
(813) 363-0040