

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAR 28 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000021568

1. Limited Liability Company's Name

TRW, LLC

608-12842

800119111148
03/20/08--01051--003 **138.50
CR2E041 (12/07)

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

10250 Normandy Blvd

Suite, Apt. #, etc.

Suite 702

City & State

Jacksonville, FL

Zip

32221

Country

USA

3. Mailing Office Address

10250 Normandy Blvd

Suite, Apt. #, etc.

Suite 702

City & State

Jacksonville, FL

Zip

32221

Country

USA

4. State/Country of Formation

USA

5. Date Organized or Qualified

To Do Business in Florida 08/21/02

6. FEI Number

76-0710903

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

Ronald W. Fussell

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

10250 Normandy Blvd

Suite, Apt. #, Etc.

Suite 702

City

Jacksonville

State

FL

Zip Code

32221

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Ronald W. Fussell

Date 02/21/2008

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	Ronald W. Fussell	10250 Normandy Blvd, Ste 702	Jacksonville / FL / 32221

800119111148
02/29/08--01014--002 **377.75

REINSTATEMENT
06-08

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

Ronald W. Fussell

Date 02/21/2008

Daytime Phone# 904-483-3300

Typed or printed name of signing Managing Member/Manager Ronald W. Fussell