

L02000026446

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 22 PM 1:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L02000026446**

**1. Limited Liability Company's Name**  
RR SERVICES, L.L.C.

**2. Principal Office Address**  
426 NW 25th St.

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip  
32607

Country  
U.S.A.

**3. Mailing Office Address**  
426 NW 25th St.

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip  
32607

Country  
U.S.A.

**4. State/Country of Formation**  
FLORIDA, USA

**5. Date Organized or Qualified  
To Do Business in Florida** 10/07/02

**6. FEI Number** 20-02684883

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  
JENNIFER C. FINCH

Street Address (P.O. Box Number is Not Acceptable)  
426 NW 25th St.

Suite, Apt. #, Etc.

City  
Gainesville

State  
FL

Zip Code  
32607

**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]*  
REGISTERED AGENT MUST SIGN

Date 10/18/03

**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
MGR	PATRICIA CARTAYA	1890 NW 82ND AVE	MIAMI, FL 33126

**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 10/20/03

Daytime Phone# 305-471-7377

Typed or printed name of signing Managing Member/Manager  
PATRICIA CARTAYA, MGR

CR2E041 (10/02)