

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 DEC 15 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000029643

1. Limited Liability Company's Name

R & R Enterprises, Limited Liability Company

700215202787
12/14/11--01026--009 **541.25
CR2E041 (1/11)

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

550 Port-O-Call Way
Suite, Apt. #, etc.

3. Mailing Office Address

6749 Buckingham Ct.
Suite, Apt. #, etc.

City & State

Naples, Florida

Zip

34102

Country

USA

City & State

Naples, Florida

Zip

34104

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

11-06-2002

6. FEI Number

050539844

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

SEAN McCullough

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

6749 Buckingham Ct.

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34104

E-mail Address:

(To be used for future annual report notices)

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]

Date 12-13-2011

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
MBRM	RENE RODRIGUEZ	6749 Buckingham Ct.	Naples, FL. 34104
MBR	SEAN McCullough	6749 Buckingham Ct.	Naples, FL. 34104

REINSTATEMENT
2009-2011

J. SAULSBERRY

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 608.408, 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

[Signature]

Date 12-13-2011

Daytime Phone # 239-774-0479

Typed or printed name of signing Managing Member/Manager