

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L03000013057

1. Limited Liability Company's Name

RUSSELLS INVESTMENTS LLC.

FILED  
07 JUL 13 PM 2:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900106268949  
07/17/07--01030--016 \*\*300.00

CR2E041 (1/07)

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

1025 S. SEMORAN BLVD

Suite, Apt. #, etc.

1093

City & State

WINTER PARK FL

Zip

32792

Country

U.S.A.

3. Mailing Office Address

1025 S. SEMORAN BLVD

Suite, Apt. #, etc.

1093

City & State

WINTER PARK FL

Zip

32792

Country

U.S.A.

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

04/10/2003

6. FEI Number

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

ANAND PATEL

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

1025 S. SEMORAN BLVD

Suite, Apt. #, Etc.

1093

City

WINTER PARK

State

FL

Zip Code

32792

☐ 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

REGISTERED AGENT MUST SIGN

Date 6-4-07

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
MGRY	RUSSELLS AUTOMOTIVE	1025 S. SEMORAN BLVD #1093	WINTER PARK FL 32792

REINSTATEMENT

04-07

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

Date 6-4-07

Daytime Phone # 561-317-4335

Typed or printed name of signing Managing Member/Manager