


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 MAR 22PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L03000017264**

1. Limited Liability Company's Name

Ralph Rugo LLC

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

1385 Starkey Rd

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. box 5147

Suite, Apt. #, etc.

City & State

Largo FL

Zip
33771

Country
US

City & State

Largo FL

Zip

33779

Country
US

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

11-3688591

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

Ralph Rugo

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

1385 Starkey Rd

Apt. #, Etc.

City

Largo

State

FL

Zip Code

33771

W/16000021958

100283647341

04/07/16--01028--017 **272.50

100283647341

03/22/16--01024--031 **243.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **02/24/16**

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
CEO	RALPH RUGO	1385 STARKEY RD	LARGO, FL, 33771

REINSTATEMENT

2014-2016

514.25

S. HAWKES

APR -7 A.M.

EXAMINER

11. E-mail Address **Lady@LusaraKitchens.Com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

[Signature]

Date **03/31/16** Daytime Phone # **727-216-7910**

Typed or printed name of signing authorized representative/member



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2016

RALPH RUGO LLC
P.O. BOX 5147
LARGO, FL 33779

SUBJECT: RALPH RUGO LLC
Ref. Number: W16000021958

We have received your document for RALPH RUGO LLC and your check(s) totaling \$243.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years through 2016; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$516.25.

The document must be signed by a member or manager of the limited liability company.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 716A00006050