

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000029558

1. Limited Liability Company's Name

RUSSELL LLC

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

6851 STROPICAL TRL

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

MERRITT ISLAND,

Zip

32952

Country

FLORIDA

City & State

FL 32952

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

8/7/2003

6. FSI Number

263553335

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

STEVEN D RUSSELL

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

6851 STROPICAL TRL

Suite, Apt. #, Etc.

City

MERRITT ISLAND

State

FL

Zip Code

32952

E-mail Address:

000237105100
07/03/12--01013--023 **377.50

(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

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	STEVEN D RUSSELL	6851 STROPICAL TRL	M.I. FL 32952 MERRITT ISLAND

11. I certify that I am managing member/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 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.817.156, F.S.

Signature of Managing

Member/Manager

[Signature]

Date 7-3-12

Daytime Phone # 3214803787

Typed or printed name of signing Managing Member/Manager

REINSTATEMENT

L030000029558

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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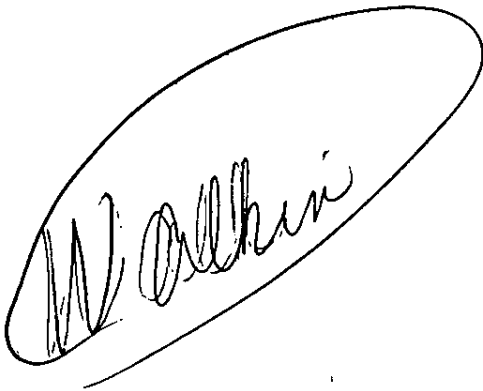
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SDRUSSELL LLC

REINSTATEMENT

2011-2012



Signature

Requested by: SETH

07/02/12

Name

Date

Time

Walk-In

Will Pick Up

174 Ponder's Printing • Thomasville, GA 30761

Art of Inc. File _____
LTD Partnership File _____
Foreign Corp. File _____
L.C. File _____
Fictitious Name File _____
Trade/Service Mark _____
Merger File _____
Art. of Amend. File _____
RA Resignation _____
Dissolution / Withdrawal _____
☒ Annual Report / Reinstatement _____
Cert. Copy _____
Photo Copy _____
Certificate of Good Standing _____
Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
Vehicle Search _____
Driving Record _____
UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
Courier _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

J. SAULSBERRY
EXAMINER

JUL 5 2012