

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

250.00
10-104

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 AM 10:21

DOCUMENT # **LD3000054042**

1. Limited Liability Company's Name

ROBERT ROWE, L.L.C.

700074662237

05/16/06--01023--021 **250.00

CR2E041 (8/05)

2. Principal Office Address

4229 30th AVE SW

Suite, Apt. #, etc.

3. Mailing Office Address

4229 30th AVE SW

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34116

Country

USA

Zip

34116

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

12/5/03

6. FEI Number

03-5481506

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

ROBERT ROWE

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

4229 30th AVE SW

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34116

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

X

REGISTERED AGENT MUST SIGN

Date

1/24/06

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
MEM	ROBERT ROWE	4229 30th AVE SW	NAPLES, FL 34116

REINSTATEMENT 04-06

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

X

Date

1/24/06

Daytime Phone # **(239) 825-4835**

Typed or printed name of signing Managing Member/Manager