

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **LO4000034199**

1. Limited Liability Company's Name

Lisa Rausch Pool Service, LLC
P.O. Box 370
Belleview, FL 34421

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

3421 SE 91st Place

Suite, Apt. #, etc

3. Mailing Office Address

P.O. Box 370

Suite, Apt. #, etc

City & State

Ocala

City & State

Belleview FL

Zip

34480

Country

USA

Zip

34421

Country

USA

8. Name and Address of Current Registered Agent

Name

Stephen J Rausch

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

3421 SE 91st Pl

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34480

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]

REGISTERED AGENT MUST SIGN

Date **4-19-10**

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 | Lisa K. Rausch | 3421 SE 91st Pl | Ocala, FL 34480 |
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| | | | |
| | | | |

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04/21/10--01028--008 **138.75

REINSTATEMENT 09-10

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

[Signature]

Date

Daytime Phone # **352-427-2931**

Typed or printed name of signing Managing Member/Manager

FILED

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CR2E041 (11/09)

4. State/Country of Formation

Florida - Marion

5. Date Organized or Qualified
To Do Business in Florida

4-29-2004

6. FEI Number

20-0974269

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

☒ 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.