

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT -9 AM 10:02

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04000074942

1. Limited Liability Company's Name

RED CEDAR, LLC.

2. Principal Office Address

2155 Old Moultrie Rd

Suite, Apt. #, etc.

Suite 201

City & State

St Augustine, FL

Zip

32086

Country

USA.

3. Mailing Office Address

303 Cortez Dr.

Suite, Apt. #, etc.

City & State

St. Augustine, FL

Zip

32086

Country

U.S.A.

CR2E041 (8/05)

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified  
To Do Business in Florida

10/15/2004

6. FEI Number

20-1750088

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

Gary E. Bruce

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

303 Cortez Dr.

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32086

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

Date

REGISTERED AGENT MUST SIGN

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
MGR	Gary E. Bruce	303 Cortez Dr.	St. Augustine, FL 32086
MGR	Bruce Maguire	P.O. Box 137	Punta Vedra, FL 32004

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

Daytime Phone #

904-806-6288

Typed or printed name of signing Managing Member/Manager