

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000076464

1. Entity Name
R & H HOLDINGS, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 29 AM 10:27

Principal Place of Business
1262 S.W. 88TH STREET
GAINESVILLE, FL 32607

Mailing Address
1262 S.W. 88TH STREET
GAINESVILLE, FL 32607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11182005 REIN-LLC CR2E101 (6/04)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

W & P SERVICES, INC.
1936 LEE ROAD, SUITE 101
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
FEIZ, HAMID R
1262 S.W. 88TH STREET
GAINESVILLE, FL 32607 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
500061746555
11/29/05--01028--003 **155.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MAJINDANSARI, REZA
1262 S.W. 88TH STREET
GAINESVILLE, FL 32607 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP
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☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
REINSTATEMENT 2005 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11/20/05

Date

Daytime Phone #

352 494-7707