

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000077909

1. Limited Liability Company's Name

ROTHSCHILD FAMILY LIMITED LIABILITY COMPANY

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

2504 Gulf Blvd #508

Suite, Apt. #, etc.

City & State

Indian Rocks Beach FL

Zip

33785

Country

USA

3. Mailing Office Address

3550 Enterprise Road E

Suite, Apt. #, etc.

City & State

Safety Harbor FL

Zip

34695

Country

USA

8. Name and Address of Current Registered Agent

Name

David Rothschild

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

3550 Enterprise Road E

Suite, Apt. #, Etc.

City

Safety Harbor

State

FL

Zip Code

34695

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

7/20/07

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
MGRM	David Rothschild	3550 Enterprise Road E	Safety Harbor FL 34695

500108375115
08/21/07--01026--009 **255.00

REINSTATEMENT 05-07

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

[Signature]

Date

6/13/07

Daytime Phone # 727-530-9572

Typed or printed name of signing Managing Member/Manager

David Rothschild

FILED

2007 AUG -8 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

4. State/Country of Formation

FL/USA

**5. Date Organized or Qualified
To Do Business in Florida**

10/25/2004

6. FEI Number

20-1948321

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.

[Signature]