

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JAN 24 AM 10:24

DOCUMENT # L04000079796

1. Entity Name
ROBERT RADER SERVICES, LLC



Principal Place of Business
1728 HERNANDO AVENUE
DELTONA, FL 32725 US

Mailing Address
1728 HERNANDO AVENUE
DELTONA, FL 32725 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10312005 REIN-LLC CR2E101 (6/04)

4. FEI Number

05-0584931

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RADOR, ROBERT
1728 HERNANDO AVENUE
DELTONA, FL 32725

Rader Robert

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
Delete ☐

MGRM
Robert Rader
1728 Hernando Ave
Deltona FL 32725

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

400061450944
11/15/05--01078--001 **50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐

TITLE
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02/06/06--01004--014 **50.00

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CITY-ST-ZIP
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REINSTATEMENT 05-06

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Delete ☐ Change ☐ Addition ☐

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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

Date

Daytime Phone #

386
11-9-05 2163775