

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 DEC 15 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000138516620  
12/05/08--01040--016 \*\*277.50

CR2E041 (10/08)

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04-83205

1. Limited Liability Company's Name

Resource One LLC

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

1825 Cutlass Cove Dr

Suite, Apt. #, etc.

3. Mailing Office Address

1825 Cutlass Cove Dr

Suite, Apt. #, etc.

City & State

Vero Bch FL

City & State

Vero Bch FL

Zip

32963

Country

Indian Riv

Zip

32963

Country

Indian Riv

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

11/16/2004

6. FEI Number

371214990

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

Roger Rhymes

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

1825 Cutlass Cove Dr

Suite, Apt. #, Etc.

City

Vero Bch, FL

State

FL

Zip Code

32963

☒ 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.

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 12/2/08

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	Roger Rhymes	1825 Cutlass Cove Dr	Vero Bch FL 32963

REINSTATEMENT 07-08 AL

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 608.408, 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 12/2/08

Daytime Phone# 561 302 9020

Typed or printed name of signing Managing Member/Manager

Roger Rhymes