

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB -8 AM 10:29

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000066433

1. Limited Liability Company's Name

ROGELIO ROMERO, LLC
8640 Rio Vista Dr
NAVARRE, FL 32566

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

8640 Rio Vista Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

NAVARRE, FL

City & State

Zip

32566

Country

SANTA ROSA

Zip

32566

Country

SANTA ROSA

CR2E041 (1/07)

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

7-6-2005

6. FEI Number

20-3101433

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

ROGELIO ROMERO

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

8640 Rio Vista Dr.

Suite, Apt. #, Etc.

City

NAVARRE

State

FL

Zip Code

32566

☒ 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 x ROGELIO ROMERO LLC

Date 1-25-2007

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	ROGELIO ROMERO	8640 Rio Vista Dr	NAVARRE, FL 32566
			500088224915 02/13/07--01035--005 **100.00

REINSTATEMENT 06-07

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 x ROGELIO ROMERO LLC Date 1-25-07 Daytime Phone # (810) 458-9210

Typed or printed name of signing Managing Member/Manager ROGELIO ROMERO