

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000097143

1. Limited Liability Company's Name

V & R ENTERPRISES, LLC

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

8055 12th Avenue South

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33707

Country

USA

3. Mailing Office Address

8055 12th Avenue South

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33707

Country

USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida
03 October 2005

6. FEI Number

203599228

☐ 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

Randolph W. Russell

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

8055 12th Avenue South

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33707

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12 March 2014

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
ptr	Randolph W. Russell	8055 12th Avenue South	St. Petersburg, FL 33707
mgr	Vincent Garguilo	2960 59th Street South	Gulfport, FL 33707

REINSTATEMENT

2010 - 2014

MAR 13 2013

T. HAMPTON

11. E-mail Address: nwrussell1375@aol.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date 12 March 2014

Daytime Phone # 727-743-0070

Typed or printed name of signing Authorized Representative/Manager

Randolph W. Russell