

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2009 JUN -3 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900156685379
06/02/09--01037--008 **516.25

CR2E041 (10/08)

LIMITED LIABILITY COMPANY REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L06000016888

1. Limited Liability Company's Name

RUCO'S CLEANING SERVICE, LLC

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

~~2710 CLUSTER AVE~~
3608 E. 25th AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

~~2710 CLUSTER AVE~~
3608 E. 25th AVE

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

Zip 33605-2265

Country

U.S.A.

Zip 33605-2265

Country

U.S.A.

~~33604~~

~~33604~~

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 2/15/2006

6. FEI Number

☐ 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
EDITH LEON

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

~~2710 CLUSTER AVE~~ 3608 E. 25th AVE.

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

~~33604~~ 33605

☐ 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

Date MAY 19, 2009

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
MGRM	EDITH LEON	2710 CLUSTER AVE 3608 E. 25th AVE.	TAMPA, FLORIDA 33604 33605

REINSTATEMENT

07-09 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

Edith Leon

Date 5/19/2009

Daytime Phone # (813) 242-8060

Typed or printed name of signing Managing Member/Manager

EDITH LEON