

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 FEB -5 AM 9:35

DOCUMENT # L06000036058

1. Limited Liability Company's Name

RUGBY LITTLE HAVANA 1, LLC

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

145 HUGUENOT STREET

Suite, Apt. #, etc.

300A

City & State

NEW ROCHELLE, NY

Zip

10801

Country

USA

3. Mailing Office Address

1444 SW 5 STREET

Suite, Apt. #, etc.

19

City & State

MIAMI, FLORIDA

Zip

33135

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

4/6/06

6. FEI Number

20-4669491

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

CorpDirect Agents, Inc.

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

515 East Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☒ 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

Katie Womack, Asst. Sec.  
REGISTERED AGENT MUST SIGN

Date 02/05/2010

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
UGRM	AARON STAUBER	145 HUGUENOT STREET SUITE 300A	NEW ROCHELLE, NY 10801

REINSTATEMENT 2008-2010

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

Date

2/7/10

Daytime Phone #

914-633-3666

Typed or printed name of signing Managing Member/Manager