

FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L06000038877

1. Corporation Name

# R & H Trading LLC

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

3105 Boger Blvd W

Suite, Apt. #, etc.

### 3. Mailing Office Address

Suite, Apt. #, etc.

City &amp; State

Lakelake, FL

Zip

Country

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Zip

Country

33803

7. Name and Address of Current Registered Agent

Name \_\_\_\_\_

RHOBA D GOLDSMITH

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

3105 BOGER BLVD.

Suite, Apt. #, Etc.

~~LAKELAND~~

City

# LAKE LAND

Stăle

Zip Code

FL

33803

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of \_\_\_\_\_

Registered Agent

Flora N Goldsmith

Date \_\_\_\_\_

3/30/14

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MGRM	Rhoda D. Goldsmith	3105 BOGER BLVD	LAKELAND, FL 33803
	APR 9 2014		
	L. SELLERS	REINSTATEMENT	2013-2014

10. E-mail Address: RHODNDG@AOL.COM

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, 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 in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

**SIGNATURE:**

Thos. W. Holdsmith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/14

DAY

Davina Phone #