

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000046771

1. Limited Liability Company's Name
ROP Management, LLC

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

760 Taylor Lane

Suite, Apt. #, etc.

3. Mailing Office Address

760 Taylor Lane

Suite, Apt. #, etc.

City & State

Dania Beach, FL

City & State

Dania Beach, FL

Zip

33004

Country

USA

Zip

33004

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

May 5, 2006

6. FEI Number

20-4829381

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

Robert O. Powell

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

760 Taylor Lane

Suite, Apt. #, Etc.

City

Dania Beach, FL

State

FL

Zip Code

33004

E-mail Address:

500241596135
11/07/12--01022--002 **793.75

(To be used for future annual report notices)

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

ROP

Date **11/5/2012**

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	Robert O. Powell	760 Taylor Lane	Dania Beach, FL 33004

REINSTATEMENT 08-12

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. 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 of Managing
Member/Manager

ROP

Date **11/5/2012** Daytime Phone #

Typed or printed name of signing Managing Member/Manager **Robert O. Powell**