PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

-			<u> </u>			٦	1	1 1 1
	TED LIAI COMPAI INSTATEI	VY Y		A DEPARTMENT OF Secretary of State ISION OF CORPORATIONS	STATE			ANY OF STATE SSEE, FLORIDA
1. Limite	d Liability Com	# L06000051780 perys Name Avenue, LLC					TALLANA	SSEE, FLORIDA.
2. Princip	al Office Addr	sas - No P.O. Box#	3. Mailing O	ffice Address	 	CR2E041 (1/14)		
1323 SI	E Third Av	enue	1323 SE	1323 SE Third Avenue		4. State/Country of Formetion Florida/USA 5. Date Organized or Qualified To Do Business in Florida May 18, 2006		
Suite, Apt.	#, etc.		Suite, Apt. #,	Suite, Apt. #, etc. City & State				
City & Stat	lo		City & State					
	uderdale		Fort Laud	Fort Lauderdale		6. FEI Numb	er	Applied For Not Applicable
<i>Zi</i> p 33316		Country	Ζіρ 33316	Country		7. CERTIFICATE O	F STATUS DESIRED	\$5.00 Additional Fee required for a certificate of status
		8. Name and Addr	sas of Gurrant Rec	Istered Agent				, ,
Name David M	l. Scully, F	ersonal Represer	ntative, The £	state of John Rho	dis			
David M. Scully, Personal Representative, The Estate of John Rhodis Street Address (P.O. Box Number is Not Acceptable) Suite, 1323 SE Third Avenue						REINSTATEMENT		
Giy Fort Lau	derdale			State 333	Zip Code	20	013	- 2015
9. I, bei Signsture Registere		of registered agent of the	REGISTERED AGE	Napility company, am fam	iliar with and acci	ept the obligation:	of Chapter 605, F	
10. Name	s and Street Ac	dresses of Authorized Rep	resentatives/Manage	in .				
Tilles	Name of Authorized Representatives/ Managers		ti/	Street Address of Each Authorized Representative/ Manager			City / State / Zip	
AMBR	David M. Scully, Pers. Rep.		s. Rep.	1323 SE Third Avenue		Fort La	uderdale, FL 33316	

• ,45				<u> </u>			·	APR 1 0 7015
							NA	MITTIVNE
11. E- mail	Address da	vid@lovingscully.d	com					
certify that 605.0012, shall have	when filing thi F.\$., and that the same legs	suthorized representative is reinstatement application all fees owed by the limits it effect as if made under s. 817,155, F.S.	on the reason for di ed liabiti\scompan	ssolution has been elimin have been pe G . The infi	ered to execute the ated, the limited officiation indicate without in a document of the second of th	his application as liability company d on this applica- ent to the Depart	name satisfies the stion is true and ac- liment of State con-	e requirement of section curate, and my signature situtes a third degree
-		apresentative/member	ULUXU 1.	David M. Scully	Date 03.26	5.2015 Det	ytime Phone #	4-764-1005
Typed or p	rinted name o	signing authorized repre	rentative/momber.	David IVI. SCURY				

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H150000886573)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6384

From:

Account Name : LOVING SCULLY LAW GROUP PLLC

Account Number: 070324003656 Phone : (954)764-1005
Fax Number : (954)764-1400

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

PDSIT	Address:	

LIMITED LIABILITY REINSTATEMENT 95-45 ROOSEVELT AVENUE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$516.25

Electronic Filing Menu

Corporate Filing Menu

Help

95-45 Roosevelt Avenue, Corp. 1323 SE Third Avenue Fort Lauderdale, FL 33316

Division of Corporations VIA FACSIMILE

RE: Release of Name

Gentlemen:

I am the Personal Representative of the Estate of John Rhodis. The Estate is the sole owner of 95-45 Roosevelt Avenue, Corp. and 95-45 Roosevelt Avenue, LLC.

As the President of 95-45 Roosevelt Avenue Corp., I hereby release the name for the purposes of reinstating 95-45 Roosevelt Avenue, LLC.

If there are any questions please contact me at 954-764-1005.

Thank you for your cooperation in this matter.

David M. Scully

Personal Representative of the Estate of John Rhodis

IN	THE	CIRCUIT	COURT	FOR	BROWARD	COUNTY,	
	ADIC					DECEATE	r

FLORIDA

PROBATE DIVISION

IN RE: ESTATE OF

JOHN N. RHODIS.

Deceased.

LETTERS OF ADMINISTRATION (single personal representative)

TO ALL WHOM IT MAY CONCERN

WHEREAS, John N. Rhodis, a resident of 601 Lavne Blvd, Hallandale Beach, FL 33009 died on February 24, 2015, owning assets in the State of Florida, and

WHEREAS, David M. Scully has been appointed personal representative of the estate of the decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate,

NOW, THEREFORE, I, the undersigned circuit judge, declare David M. Scully duly qualified under the laws of the State of Florida to act as personal representative of the estate of John N. Rhodis, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law 2015

ORDERED on _

Circuit Judge

STATE OF FLORDA BROWARD COUNTY

I DO HEREBY CERTIFY the within and foregoing to a to and conect copy of the original as it appears on record and file in the office of the Dirouit Court Clerk or Browers County, Florida, and that sammy in fell torop

WITHESS my hand and Chinas

Howarti Deputy Clerk