PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 MAY 6 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E042 (1114)

DOCUMENT # L06000074883

1. Limited Liability Company's Name
ROJO, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2163 9th Street	2163 9th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, Fl	City & State: Sarasota, Fl
Zip: 34237 Country:	Zip: 34237 Country:

4. State/Country of Formation: Fl, Sarasota,

5. Date Organized or Qualified To Do Business in Florida: 7-28-06

6. FEI Number: 20 5288327 ☐ 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: Roger Jerardi

Street Address (P.O. Box Number is Not Acceptable): 2163 9th Street

Suite, Apt. #, Etc.:

City: Sarasota State: FL Zip Code: 34237

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05/06/14--01002--017 **793.75
$793.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Roger Jerardi REGISTERED AGENT MUST SIGN Date: 4/28/14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AMBR	JoAnn Miller	6640 Ibis Street	Sarasota, Fl 34241
	REINSTATEMENT		S. HAWKES JUN 31 A.M.
	2010 - 2014		EXAMINER

11. E-mail Address: jaysfencing50@yahoo.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: JoAnn Miller Date: 4-28-14 Daytime Phone #: 941 928-5147

Typed or printed name of signing Authorized Representative/Manager: JoAnn Miller