

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LD000010 3335

1. Limited Liability Company's Name

R&P HPP, LLC

100243807911
01/18/13--01023--013 **541.25

CR2E041 (1/11)

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

7807 Baymeadows Rd E

3. Mailing Office Address

same

Suite, Apt. #, etc.

403

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

32256

Country

USA

Zip

Country

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

20-5834494

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

William Pitts

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

7807 Baymeadows Road eAST

Suite, Apt. #, Etc.

403

City

JACKSONVILLE

State

FL

Zip Code

32256

E-mail Address:

wpitts@wgpitts.com

(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

Date

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
mgm	William Pitts	7807 Baymeadows Road East 403	Jacksonville, FL 32256

JAN 21 2013
D. BRUCE

FILED
2013 JAN 18 AM 11:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

Date

1/17/13

Daytime Phone #

904 260 8472

Typed or printed name of signing Managing Member/Manager