L07000018052

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

# LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2020 JAN 14 AM 10:47
SEC. TALL...

DOCUMENT # ~~L00000~~ L07000018052

Limited Liability Company's Name

JRR Investments LLC

| Principal Office Address - No P.O. Box # | 3 Mailing Office Address |
|---|---|
| 5391 SW Windward Way | Same |
| Suite Apt #, etc | Suite Apt #, etc |
| City & State | City & State |
| Palm City, FL ~~34990~~ | |
| Zip / Country | Zip / Country |
| 34990 USA | |

CR2E041 (1/1...

4. State/Country of Formation: FL/USA

5. Date Organized or Qualified To Do Business in Florida: ~~01/07/08~~ 01/08

6. FEI Number: N/A ☐ Applied For ☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a certificate of status

300389220453
01/14/20--01021--003 **1512.90

8 Name and Address of Current Registered Agent

Name: Ryan A Seddon

Street Address (P.O. Box Number is Not Acceptable) Suite: 5391 SW Windward Way

Apt #, Etc

City: Palm City | State: FL | Zip Code: 34990

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 _____ Date 1-10-20

REGISTERED AGENT MUST SIGN

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 |
|---|---|---|---|
| MGR | Ryan A Seddon | 5391 SW Windward Way | Palm City, FL 34990 |
| MGRM | Diane L Seddon | 603 Hudson Bay Dr | Palm Beach Gardens FL 33410 |
| | | | |
| | | | |
| | | | Y SULKER |
| | | | JAN 14 2020 |

11 E-mail Address _____

(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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member _____ Date 1/10/20 Daytime Phone # 561 301-9092

Typed or printed name of signing authorized representative/member _____