

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2013 MAY -9 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000044051

1. Limited Liability Company's Name

RJM Services, LLC

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

1211 East 151st Ave

Suite, Apt. #, etc.

3. Mailing Office Address

1211 East 151st Ave

Suite, Apt. #, etc.

City & State

Lutz, Florida

City & State

Lutz, Florida

Zip

33549

Country

USA

Zip

33549

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

4/25/2007

6. FEI Number

20-8934538

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/11)

8. Name and Address of Current Registered Agent

Name

John E. Moore II

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

1211 East 151st Ave.

Suite, Apt. #, Etc.

City

Lutz

State

FL

Zip Code

33549

E-mail Address:

800247204458

04/25/13--01003--021 **387.50

rjmservices66@gmail.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

John E. Moore II
REGISTERED AGENT MUST SIGN

Date May 6, 2013

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	John E. Moore II	1211 East 151 st Ave	Lutz, Florida 33549

REINSTATEMENT 108-13

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

John E. Moore II

Date 5/6/2013

Daytime Phone #

(813) 241-7912

Typed or printed name of signing Managing Member/Manager