

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

11 MAY -5 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L08000054826

1. Limited Liability Company's Name

RSS DEVELOPERS, LLC

800207218018
05/05/11--01005--014 **516.25

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #
6310 HEALTH PARK WAY

3. Mailing Office Address
6310 HEALTH PARK WAY

Suite, Apt. #, etc.
SUITE 120

Suite, Apt. #, etc.
SUITE 120

City & State
BRADENTON, FL

City & State
BRADENTON, FL

Zip Country
34202 US

Zip Country
34202 US

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida 06/03/2008

6. FEI Number
26-2788167

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
CHARLES J BARTLETT

Street Address (P.O. Box Number is Not Acceptable)
2033 MAIN STREET

Suite, Apt. #, Etc.
SUITE 600

City
SARASOTA

State Zip Code
FL 34237

E-mail Address:

STENTDR@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

Date 4/27/2011

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
MGRM	NIRANJAN SESHADRI	7316 PALOMINO PLACE	SARASOTA, FL 34241
MGRM	ERIKA SESHADRI	7316 PALOMINO PLACE	SARASOTA, FL 34241
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <p>REINSTATEMENT</p> <p>09-11</p> </div> <div style="text-align: center;"> <p>L. SELLERS</p> <p>MAY -9 2011</p> <p>EXAMINER</p> </div> </div>			

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.817.165, F.S.

Signature of Managing
Member/Manager

Date 4/27/11 Daytime Phone # 941-907-8951

Typed or printed name of signing Managing Member/Manager