

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000115545

1. Limited Liability Company's Name
Russo Properties, LLC

2. Principal Office Address - No P.O. Box #
13205 SW 71st Ave.

Suite, Apt. #, etc.

City & State
Miami, FL

Zip Country
33156 United States

3. Mailing Office Address
13205 SW 71st Ave.

Suite, Apt. #, etc.

City & State
Miami, FL

Zip Country
33156 United States

8. Name and Address of Current Registered Agent

Name
William L. Rafferty, Jr.

Street Address (P.O. Box Number is Not Acceptable) Suite,
1401 Brickell Avenue, Suite 420

Apt. #, Etc.

City State Zip Code
Miami FL 33131

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

REGISTERED AGENT MUST SIGN

Date

3-18-15

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	Robert Russo	13205 SW 71st Ave.	Miami, FL 33156

11. E-mail Address: wrafferty@raffertylawyers.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 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

3-18-15

Daytime Phone #

305-256-9597

Typed or printed name of signing authorized representative/member

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4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 12/19/2008

6. FEI Number
N/A

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a certificate of status

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