

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

13 SEP 30 PM 12:40

DOCUMENT # 608000117068

1. Limited Liability Company's Name

Ray's Unlimited Services LLC

CR2E041 (1/11)

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

1404 NW Leonardo Cir.

Suite, Apt. #, etc.

3. Mailing Office Address

1404 NW Leonardo Cir.

Suite, Apt. #, etc.

4. State/Country of Formation

Fla. USA

5. Date Organized or Qualified  
To Do Business in Florida

12-24-08

City & State

Port St Lucie Fl.

City & State

Port St Lucie Fl.

Zip

34986

Country

USA

Zip

34986

Country

USA

6. FEI Number

32-0284405

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

Raymond Allen

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

1404 NW Leonardo Cir.

Suite, Apt. #, Etc.

City

Port St Lucie

State

FL

Zip Code

34986

E-mail Address:

rayallen1529@yahoo.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 9-18-13

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 09/30/13	Raymond Allen	1404 NW Leonardo Cir	Port St Lucie FL 34986

000252198250  
09/30/13--01017--016 \*\*238.75

**REINSTATEMENT**

SEP 30 2013

R. HUNT

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 9-18-13 Daytime Phone # 305-733-5257

Typed or printed name of signing Managing Member/Manager