

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000095963

**FILED**  
**Mar 03, 2011**  
**Secretary of State**

**Entity Name:** R & R ISLAND HOME SERVICES, LLC

**Current Principal Place of Business:**

140 CONNECTICUT ST. FORT  
MYERS BEACH, FL 33931 US

**New Principal Place of Business:**

140 CONNECTICUT ST.  
FORT MYERS BEACH, FL 33931 US

**Current Mailing Address:**

140 CONNECTICUT ST. FORT  
MYERS BEACH, FL 33931 US

**New Mailing Address:**

140 CONNECTICUT ST.  
FORT MYERS BEACH, FL 33931 US

**FEI Number:** 27-2537098

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

RASTETTER, RICHARD F  
140 CONNECTICUT ST. FORT  
MYERS BEACH, FL 33931 US

**Name and Address of New Registered Agent:**

RASTETTER, RICHARD F  
140 CONNECTICUT ST.  
FORT MYERS BEACH, FL 33931 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** RICHARD F RASTETTER

03/03/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** RASTETTER, RICHARD F  
**Address:** 140 CONNECTICUT ST.  
**City-St-Zip:** FORT MYERS BEACH, FL 33931 US

**Title:** MGRM  
**Name:** RICKS, JENNIFER L  
**Address:** 140 CONNECTICUT ST.  
**City-St-Zip:** FORT MYERS BEACH, FL 33931 US

**Title:** MGRM  
**Name:** LOWE, DENVER D JR.  
**Address:** 837 ARAPAHO TRAIL  
**City-St-Zip:** FORT MYERS BEACH, FL 33931 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** RICHARD F RASTETTER

MGR

03/03/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date