


FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2018 MAR -8 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600310296916
03/08/18--01015--002 **1071.25

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L11000126762

1. Limited Liability Company's Name
Rockwater Holdings LLC

2. Principal Office Address - No P.O. Box # 15 BIS Rue de Marignan		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Paris 75008 France, FL		City & State	
Zip 75008	Country France	Zip	Country

8. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable) Suite,
1200 SOUTH PINE ISLAND ROAD

Apt. #, Etc.

City
PLANTATION

State
FL

Zip Code
33324

CR2E041 (1/14)


4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida 11/07/2011

6. FEI Number ☐ Applied For ☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ **\$5.00 Additional Fee required for a certificate of status**

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  Date 2/27/18

REGISTERED AGENT MUST SIGN

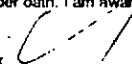
10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
AMBR	OLIVIER PICARD	1703 E HANNA	TAMPA, FL 33610

11. E-mail Address ohpicard@yahoo.fr

(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 2/27/18 Daytime Phone #

Typed or printed name of signing authorized representative/member Olivier Picard