

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 APR 15 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L11000142640

1. Limited Liability Company's Name

RJR FAMILY PROPERTIES LLC

CR2E041 (1/14)

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

3620 W. Kelly Park Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

3620 W. Kelly Park Rd.

Suite, Apt. #, etc.

City & State

Apopka, FL

City & State

Apopka, FL

Zip

32712

Country

USA

Zip

32712

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

12/20/2011

6. FEI Number

☒ 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

Robert Marks, Esq.

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

255 S. Orange Ave.

Suite, Apt. #, Etc.

Suite 800

City

Orlando

State

FL

Zip Code

32801

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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

Robert D. Marks
REGISTERED AGENT MUST SIGN

Date 04-01-2014

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
AR-A	Richard J. Risser	3620 W. Kelly Park Rd.	Apopka, FL 32712

REINSTATEMENT

2012-2014

S. HAWKES

APR 16 A.M.

EXAMINER

11. E-mail Address: shirleywar@aol.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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Richard J. Risser

Date 4-8-14

Daytime Phone # 407-886-4096

Typed or printed name of signing Authorized Representative/Manager Richard J. Risser