

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2015-2016

DOCUMENT # L12000003158

1. Limited Liability Company's Name

N & R VENTURES, LLC

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

1180 MANGROVE ROAD

Suite, Apt. #, etc.

City & State

VENICE, FL

Zip

34293

Country

USA

3. Mailing Office Address

1180 MANGROVE ROAD

Suite, Apt. #, etc.

City & State

VENICE, FL

Zip

34293

Country

USA FLORIDA/

8. Name and Address of Current Registered Agent

Name

ERSTAD, ROSEMARY

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

1180 MANGROVE ROAD

Apt. #, Etc.

City

VENICE

State

FL

Zip Code

34293

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

*Norman Erstad*

REGISTERED AGENT MUST SIGN

Date 04/25/2016

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
MGRM	ERSTAD, NORMAN	1180 MANGROVE ROAD	VENICE/FL/34293
MGRM	ERSTAD, ROSEMARY	1180 MANGROVE ROAD	VENICE/FL/34293

11. E-mail Address: NERSTAD@VERIZON.NET

(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.

K. ASHTON

NORMAN

ERSTAD

04/25/2016

941-375-2127

FILED

16 MAY -5 AM 8:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA/USA

5. Date Organized or Qualified  
To Do Business in Florida

01/06/2012

6. FEI Number

45-4210066

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a certificate of status

200285515782  
05/06/16--01005--001 \*\*138.75

200285515782  
04/21/16 01013 003 \$238.75