

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

14 NOV 18 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

L12000088193

Ron's Commercial and Residential Repair LLC

30026665593
11/19/14--01001--013 **377.75

CR2E041 (1/14)

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

3375 Whippoorwill Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

3375 Whippoorwill Dr.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32310

Country

US

Zip

32310

Country

US

4. State/Country of Formation

Florida, U.S.

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

45-5636802

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

Brandi Williamson

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

3375 Whippoorwill Dr.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32310

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

B. Williamson

Date

11-18-14

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
mGR	Ron Williamson	3375 Whippoorwill Dr.	Tall. FL. 32310
mGRm	Brandi Williamson	3375 Whippoorwill Dr.	Tall. FL. 32310
REINSTATEMENT			
244		13-14	NOV 18 2014
			R. HUNT

11. E-mail Address

ronkwilliamson2215@gmail.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

B. Williamson

Date

11-18-14

Daytime Phone #

(850) 556-7915

Typed or printed name of signing Authorized Representative/Manager

Brandi Williamson