

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2015 SEP 28 P 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L12000144944

1. Limited Liability Company's Name

WIZARD WEB MARKETING SOLUTIONS LLC

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

538 Rapid Falls Dr

Suite, Apt. #, etc.

3. Mailing Office Address

538 Rapid Falls Dr

Suite, Apt. #, etc.

City & State

Brandon, FL 33579

City & State

Brandon, FL 33579

Zip

33579

Country

USA

Zip

33579

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

01JAN2013

6. FEI Number

46-1471485

☒ 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

Paul Rodriguez

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

Brandon, FL 33579 538 Rapid Falls Dr.

Apt. #, Etc.

City

Brandon

State

FL

Zip Code

33579

000277512880  
09/28/15--01052--008 \*\*402.50

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

*Paul Rodriguez*

REGISTERED AGENT MUST SIGN

Date - 24 Sep 2015

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
MAN	Paul Rodriguez	538 Rapid Falls Dr. BR	Brandon, FL 33579

**REINSTATEMENT** 2014-2015

11. E-mail Address: paulmoreese@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 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

*Paul Rodriguez*

Date

24SEP2015

Daytime Phone #

813 362-2775

Typed or printed name of signing authorized representative/member

PAUL RODRIGUEZ