600441907128

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2024 DEC 30 PM 4:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12000156001

1. Limited Liability Company's Name

RL BBT, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2980 NE 207 Street	2980 NE 207 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 706	Suite 706
City & State	City & State
Aventura, Florida	Aventura, Florida
Zip / Country	Zip / Country
33180 / US	33180 / US

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida:

6. FEI Number: 36-4758785 ☐ 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 S. Letcher

Street Address (P.O. Box Number is Not Acceptable): 2980 NE 207 Street

Suite, Apt. #, Etc.: Suite 706

City: Aventura | State: FL | Zip Code: 33180

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: 12/27/2024

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
Manager	Robert S. Letcher	2980 NE 207th Street Suite 706	Aventura FL 33180
Manager	Eduardo Milhim Reis	2980 NE 207th St Ste 706	Aventura FL 33180

11. E-mail Address: _____
(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 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: Timothy D. Richards Date: 12/27/2024 Daytime Phone #: 305-858-9106

Typed or printed name of signing Authorized Representative/Manager: Timothy D. Richards

FL116 - 01/15/2014 Wolters Kluwer Online

T. WILSON
DEC 30 2024

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312
(850) 656-4724

DATE 12/30/2024

****WALK IN****

ENTITY NAME RL BBT, LLC

DOCUMENT NUMBER L12000156001

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXX — Plain Copy
_____ — Certified Copy
_____ — Certificate of Status
_____ _____

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

_____ — Certified Copy of Arts & Amendments
_____ — Certificate of Good Standing
_____ _____

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____
NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED $100.00

ACCOUNT #: I20160000072

Please call Tina at the above number for any issues or concerns. Thank you so much!