


# 2014 LIMITED LIABILITY COMPANY REINSTATEMENT

**DOCUMENT # L13000134888**

1. Entity Name  
RCS ENERGY SERVICES LLC



Principal Place of Business  
2606 CENTENNIAL PLACE  
TALLAHASSEE, FL 32308

Mailing Address  
P O BOX 497  
BRISTOL, FL 32321

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

10202014 REIN-LLC CR2E101 (12/11)

4. FEI Number  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
GILBERT, MATTHEW CPA  
2606 CENTENNIAL PLACE  
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent  
Name: Ricky Stafford  
Street Address (P.O. Box Number is Not Acceptable): 11687 SUMMERS RD.  
City: BRISTOL FL Zip Code: 32321

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Ricky Stafford (NOTE: Registered Agent signature required when reinstating) DATE: 10-20-14

**FILE NOW!!! FEE IS \$238.75**  
**After January 1, 2015, Fee will be \$377.50**

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STAFFORD, RICKY P O BOX 497 BRISTOL, FL 32321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  300265625923 10/21/14--01001--008 **238.75
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] DATE: 10-20-14

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE E-MAIL ADDRESS