

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2016 AUG 16 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L140000 75482

1. Limited Liability Company's Name

RMTM Production LLC

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

4221 Baymeadows Rd

Suite, Apt. #, etc.

3. Mailing Office Address

4221 Baymeadows Rd

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32217

Country

USA

Zip

32217

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

05/08/2014

6. FEI Number

☐ 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

Timothy McCormick

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

12132 Cattail Drive W

Apt. # Etc.

City

Jacksonville

State

FL

Zip Code

32223

200269142482
08/16/16--01025--019 **377.50

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

Timothy McCormick

Date 08/10/2016

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	<u>Timothy McCormick</u>	<u>12132 Cattail Drive W. Jacksonville, FL 32223</u>	<u>Jacksonville, FL 32223</u>

REINSTATEMENT

AUG 16 2016

R. HUNT

11 E-mail Address

raildocs@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

Timothy McCormick

Date 08/10/2016

Daytime Phone # 904-367-4005

Typed or printed name of signing authorized representative/member

Timothy McCormick