

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2025 JAN 21 AM 10:14

DOCUMENT # ~~L15000125170~~ L15000125170

1. Limited Liability Company's Name

RISING MOON, LLC

800439503128  
11/12/24--01017--010 \*\*1210.00

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

2906 N Shoreview

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33602

Country

US

3. Mailing Office Address

2906 N Shoreview

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33602

Country

US

2017-2024 CR2E041 (1/14)

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified  
To Do Business in Florida

22 JULY 2015

6. FEI Number

33-1766462

☒ 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

BRYAN S. BEAN

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

2906 N Shoreview

Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33602

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

REGISTERED AGENT MUST SIGN

Date 2 NOV 24

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
	BRYAN S. BEAN	2906 N Shoreview	TAMPA FL 33602
			FEB 04
			S. PRATHER

11. E-mail Address:

bryan.s.bean@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

Date

2 NOV 24

Daytime Phone #

813 545 9232

Typed or printed name of signing authorized representative/member

BRYAN S. BEAN