

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2023 JUN -2 AM 9:19

OF STATE
FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L18000085581

1. Limited Liability Company's Name
R F MULTISERVICES LLC

500409856285
06/02/23 --01008--001 **794.00

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

5013 FIDDLELEAF DR

Suite, Apt. #, etc.

City & State

FORT MYERS FLORIDA

Zip

33905

Country

USA

3. Mailing Office Address

5013 FIDDLELEAF DR

Suite, Apt. #, etc.

City & State

FORT MYERS FLORIDA

Zip

33905

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida

05/01/2018

6. FEI Number
825388603

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

ROSIBEL FUENTES

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

5013 FIDDLELEAF DR

Apt. #, Etc.

City

FORT MYERS

State

FL

Zip Code

33905

Reinstatement
2021, 2022 & 2023

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 05/24/2023

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
AGENT	ROSIBEL FUENTES	5013 FIDDLELEAF DR	FORT MYERS FL 33905
AMBER	ROSIBEL LARA	2801 28TH ST LEHIGH ACRES FL	LEHIGH ACRES 33976

11. E-mail Address: RF.MULTISERVICESLLC@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

05/24/2023

239-940-5196