

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L19000149956

1. Limited Liability Company's Name

RGC DIGITAL LLC

100441243591

12/17/24--01025--022 \*\*238.75

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

1207 Henry Ave

Suite, Apt #, etc

City & State

Lehigh Acres, FL

Zip

33972

Country

USA

3. Mailing Office Address

1201 Business Way

Suite, Apt #, etc

2139

City & State

Lehigh Acres, FL

Zip

33936

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

06/06/2019

6. FEI Number

84-1987051

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

Rafael Garcia

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

1207 Henry Ave

Apt. #, Etc

City

Lehigh Acres

State

FL

Zip Code

33972

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 11/23/2024

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
owner ceo	Rafael Garcia	1207 Henry Ave	Lehigh Acres, FL 33972

11. E-mail Address: ralf@rgcdigital.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 11/23/2024

Daytime Phone # 2392972182

Typed or printed name of signing authorized representative/member

Rafael Garcia

FILED  
2025 JAN -7 AM 8:18  
SECRETARY OF STATE

1/7/25