

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M04000001401

1. Entity Name  
RAFFERTY CAPITAL MARKETS, LLC



FILED

2008 OCT 30 PM 2: 38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
59 HILTON AVENUE  
GARDEN CITY, NY 11530

Mailing Address  
59 HILTON AVENUE  
GARDEN CITY, NY 11530



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10222008 REIN-LLC CR2E101 (1/07)

City & State

City & State

4. FEI Number  
13-4143904

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUBIN, ROBERT  
ATRIUM FINANCIAL CENTER  
1515 N. FEDERAL HIGHWAY, SUITE 402  
BOCA RATON, FL 33432

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$238.75  
After January 1, 2009, Fee will be \$377.50

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
MULROONEY, THOMAS  
59 HILTON AVENUE  
GARDEN CITY, NY 11530 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
900137485889  
10/30/08--01036--004 \*\*238.75

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

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: *Thomas A. Mulrooney*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Thomas Mulrooney, Manager 10/22/08

516-535-3800

Date

Daytime Phone #

REINSTATEMENT-08