

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

18 JAN -4 PM 1:21

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000076565

1. Limited Liability Company's Name
RBB HOLDING LLC

KS

800307401308
01/20/18--01017--008 **1790.00

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

3891 COMMERCE PKWY

Suite, Apt. #, etc

City & State

MIRAMAR FL

Zip

33025

Country

US

3. Mailing Office Address

1267 PROFESSIONAL PKWY

Suite, Apt. #, etc

City & State

GAINESVILLE GA

Zip

30507

Country

US

REINSTATEMENT

06-2018

4. State/Country of Formation

FL

5. Date Organized or Qualified

To Do Business in Florida 8/3/2005

6. FEI Number

27-0853932

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

BARBARA RAMBO

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

3891 COMMERCE PKWY

Apt. #, Etc

City

MIRAMAR

State

FL

Zip Code

33025

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

Barbara Rambo

REGISTERED AGENT MUST SIGN

Date 12/19/17

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
DIR	ROGER BURGESS	1267 PROF PKWY	GAINESVILLE GA 30507
MGR	BARARA BURGESS	SAME	SAME
CFO	BARBARA RAMBO	SAME	SAME

11. E-mail Address: BRAMBO@PROCARERX.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

Barbara Rambo

Date 12/19/17

Daytime Phone #

678-248-3101

Typed or printed name of signing authorized representative/member

BARBARA RAMBO, CFO