

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L18000042624

1. Limited Liability Company's Name
ITZELP LLC

400341100-00
12/21/20 10:14:13

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

160 LIBERTY ST

Suite, Apt. #, etc.

City & State

HOLLYWOOD

Zip
3024

Country
US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

02/16/2018

6. FEI Number

83-4156977

☒ 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

ITZEL SANTAMARIA

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

160 LIBERTY ST

Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33024

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 02/17/2020

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	ITZEL SANTAMARIA	7160 LIBERTY ST	HOLLYWOOD, FL. 33024
Partner	JOHANNA POLANCO	7160 LIBERTY ST	HOLLYWOOD, FL. 33024

REINSTATEMENT

2019-2020

11. E-mail Address itzelsantamaria@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

02/17/2020

Daytime Phone #

305-890-4639

FILED
2020 FEB 21 PM 11:54
SECRETARY OF STATE
TALLAHASSEE, FL

FEB 21 2020