

L21 000 509 368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

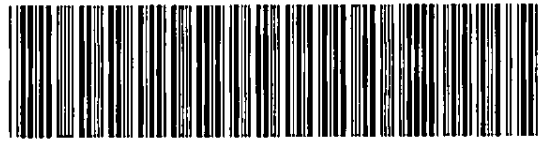
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300450804933

300450804933

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from the account: 120210000160: \$ 655. ⁰¹³

Authorization Signature *[Signature]*

H & H Properties, LLC

L 21000509368

Business Name

#Document.

Walk in

____ Will wait

____ Certified Copy of Articles of Organization

____ Certificate of Status

NEW FILINGS

____ Profit
____ Not for Profit
____ LLC
____ Domestication
____ INC
____ CORP
____ LLLP

AMENDMENTS

____ Amendment
____ Resignation of Member/MGR
____ Change of Registered Agent
____ Revocation of Dissolution
____ Conversion
____ Statement of Authority
____ Merger

DISSOLUTION

OTHER FILINGS

____ TRANSMITTAL LETTER

____ Fictitious Name -

____ Statement of Authority
business

____ APOSTIL

COUNTRY

REGISTRATION/QUALIFICATIONS

____ Foreign Filing
____ Partnership
☒ Reinstatement
____ Articles of CORRECTION
____ Withdraw of Authority to conduct

____ Domestication

____ Other

EXAMINER'S INITIALS: _____

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L21000509368

1. Limited Liability Company's Name

H & H Properties, LLC

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

3536 William Ave

Suite, Apt. #, etc.

3. Mailing Office Address

(Same)

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

(Same)

Zip

33133

Country

USA

Zip

(Same)

Country

(Same)

CR2E041 (1/14)

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified
To Do Business in Florida

12/01/2021

6. FEI Number

33-1685580

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

Patricia Maurer

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

3536 William Avenue

Apt. #, Etc.

City

Miami

State

FL

Zip Code

33133

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 5/5/2025

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

11. E-mail Address. Patricia@MaurerEstates.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

[Signature]

Date

5/5/2025

Daytime Phone #

(305) 725-8528

Typed or printed name of signing authorized representative/member

Patricia Maurer