## 2015 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000070536

Entity Name: SEVERE R.P.M.S., LLC

**Current Principal Place of Business:** 

667 S DIXIE HWY WEST SUITE 1 POMPANO BCH, FL 33060

**Current Mailing Address:** 

667 S DIXIE HWY WEST SUITE 1 POMPANO BCH, FL 33060 US

FEI Number: 27-0105802 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SEVERE, ANGE M 667 S DIXIE HWY WEST SUITE 1 POMPANO BCH, FL 33060 US

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.

SIGNATURE: ANGE M SEVERE 10/30/2015

Electronic Signature of Registered Agent

Date

FILED Oct 30, 2015

**Secretary of State** 

CR2750223570

Authorized Person(s) Detail:

Title MANAGER Title MANAGER

Name SEVERE, ASHLEY Name SEVERE, ANGE M

Address 10356 SW 16TH STREET Address 10356 SW 16TH STREET

City-State-Zip: PEMBROKE PINES FL 33025 City-State-Zip: POMPANO BCH FL 33025

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANGE M SEVERE MANAGE

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER 10/30/2015

Date