### 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.

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

AMBR

SIGNATURE: MALEK W. MATBOOLI

Electronic Signature of Signing Authorized Person(s) Detail

Name and Address of Current Registered Agent:

KIM & LOWMAN, LLP 8620 NE 2 AVENUE MIAMI, FL 33138 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	: MARCI LOWMAN, ESQ.		05/23/	2018
	Electronic Signature of Registered Agent		Dat	te
Authorized Person(s) Detail :				
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER	
Name	MATBOOLI, WALEED M	Name	MATBOOLI, MALEK W	
Address	475 BRICKELL AVENUE, UNIT 2715	Address	475 BRICKELL AVENUE, UNIT 2715	
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131	

2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

# Entity Name: WALEED MATBOOLI, LLC

DOCUMENT# L14000035848

**Current Principal Place of Business:** 

475 BRICKELL AVENUE UNIT 2715 MIAMI, FL 33131

## **Current Mailing Address:**

**475 BRICKELL AVENUE** UNIT 2715 MIAMI, FL 33131

# **FEI Number: NOT APPLICABLE**

Certificate of Status Desired: No

05/23/2018

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FILED May 23, 2018 Secretary of State CR4094397241

Date