## 2025 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L21000138294

**Entity Name: PILLES LLC** 

**Current Principal Place of Business:** 

**FILED** Jan 09, 2025 **Secretary of State** 8703790863CR

250 NW 23RD STREET **UNIT 412** MIAMI, FL 33127

# **Current Mailing Address:**

250 NW 23RD STREET **UNIT 412** MIAMI, FL 33127 US

FEI Number: 32-0656481 Certificate of Status Desired: Yes

#### Name and Address of Current Registered Agent:

PILLES, KRISTOPHER J MEMBER 250 NW 23RD STREET **UNIT 412** MIAMI, FL 33127 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: KRISTOPHER J PILLES 01/09/2025

> Date Electronic Signature of Registered Agent

### Authorized Person(s) Detail:

Title **AMBR** 

PILLES, KRISTOPHER J Name 250 NW 23RD STREET Address

**UNIT 412** 

City-State-Zip: MIAMI FL 33127

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: KRISTOPHER PILLES **MEMBER** 

Electronic Signature of Signing Authorized Person(s) Detail

Date

01/09/2025