	Certificate of Status De	sired: Yes
stered office or reg	gistered agent, or both, in the State of F	Florida.
		09/24/2023
		Date
Title	MANAGER	
Name	KATZ, LINDSAY	
Address	2848 NE 24 STREET	
	Title Name	Stered office or registered agent, or both, in the State of F Title MANAGER Name KATZ, LINDSAY

City-State-Zip: FORT LAUDERDALE FL 33305

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: SAMUEL SCHLANG

MANAGER

City-State-Zip: FORT LAUDERDALE FL 33305

09/24/2023

2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L22000159244

Entity Name: SLS DEVELOPMENT, LLC

Current Principal Place of Business:

2848 NE 24 STREET FORT LAUDERDALE, FL 33305

Sep 24, 2023 Secretary of State 9963004384CR

FILED

Electronic Signature of Signing Authorized Person(s) Detail