

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 JUN 20 AM 11:13

**DOCUMENT #**

1. Limited Liability Company's Name

SANGELICA, LLC  
L00000013220

2. Principal Office Address

2800 BROADWAY

Suite, Apt. #, etc.

City & State

RIVIERA BEACH, FL

Zip

33440

Country

USA

3. Mailing Office Address

4021 N. ANDREWS AVENUE

Suite, Apt. #, etc.

6

City & State

FT. LAUDERDALE, FL

Zip

33309

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

☒ 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

PELLEGRINO, SAL

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

4021 N. ANDREWS AVENUE

Suite, Apt. #, Etc.

6

City

FT. LAUDERDALE

State

FL

Zip Code

33309

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

06/20/05

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	PELLEGRINO, SAL	4021 N. ANDREWS AVENUE, STE. 6	FT. LAUDERDALE, FL 33309

REINSTATEMENT 02-05

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of  
Managing Member/Manager

Date

06/20/05

Daytime Phone #

(954) 396-3908

Typed or printed name of signing Managing Member/Manager

Sal Pellegrino

CR2E041 (10/02)