

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF  
CORPORATIONS

Secretary of State  
DIVISION OF CORPORATIONS

AND  
FILED

04 MAY 17 PM 2:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Limited Liability Company's Name

TRANSITION SERVICES LLC

2. Principal Office Address

18751 W. Dixie Highway

Suite, Apt. #, etc.

180

City & State

Avventura, FL

Zip 33180

Country USA

3. Mailing Office Address

P.O. BOX 2304

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33303-2304

Country

USA

4. State/Country of Formation

Florida - USA

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

010668959

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

Robert Sensi

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

15646 SW 97 Terrace

Suite, Apt. #, Etc.

City

Miami, FL 33196

State  
FL

Zip Code

33196

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

*Robert Sensi*

REGISTERED AGENT MUST SIGN

Date

4/30/04

**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

MGR

Robert Sensi

15646 SW 97 Terrace

Miami, FL 33196

**REINSTATEMENT**

2003-  
2004

JB

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

*Robert Sensi*

Date

4/30/04

Daytime Phone #

(305) 724-5925

Typed or printed name of signing Managing Member: ROBERT-SENSI

CR2E041 (9/01)