

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2016 DEC 29 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000293725880
12/29/16--01005--019 **\$55.00

CR2E041 (1/14)

DOCUMENT # **L02000010611**

1. Limited Liability Company's Name

VALKARIA VENTURES, LLC
1151 SW 30th Street - SUITE D
PALM CITY, FLORIDA 34990

2. Principal Office Address - No P.O. Box #

1151 SW 30th ST

3. Mailing Office Address

1151 SW 30th ST

Suite, Apt. #, etc.

SUITE D

Suite, Apt. #, etc.

SUITE D

City & State

PALM CITY FLORIDA

City & State

PALM CITY, FLORIDA

Zip

34990

Country

UNITED STATES

Zip

34990

Country

UNITED STATES

4. State/Country of Formation

FLORIDA / UNITED STATES

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

65-1024310

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

BRIAN WEST

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

1151 SW 30th ST

Apt. #, Etc.

SUITE D

City

PALM CITY

State

FL

Zip Code

34990

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

X

REGISTERED AGENT MUST SIGN

BRIAN WEST

Date **12/28/2016**

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	BRIAN WEST	1151 SW 30th STREET SUITE D	PALM CITY, FLORIDA 34990
REINSTATEMENT			
DEC 29 2016			
R. HUNT			

11. E-mail Address: **WESTCODEV @ COMCAST.NET**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

X

Date

12/28/2016

Daytime Phone #

772-221-8500

Typed or printed name of signing authorized representative/member

BRIAN WEST