

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 NOV 16 AM 8:53

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L02000026065

1. Limited Liability Company's Name

924 Allamanda LLC

2. Principal Office Address

1460 South Ocean Boulevard

3. Mailing Office Address

1460 South Ocean Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Manalapan, FL

City & State

Manalapan, FL

Zip

33462

Country

USA

Zip

33462

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified  
To Do Business in Florida

10/03/2002

6. FEI Number

20-0742676

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (8/05)

8. Name and Address of Current Registered Agent

Name

Paul Roiff

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

1460 South Ocean Boulevard

Suite, Apt. #, Etc.

City

Manalapan

State

FL

Zip Code

33462

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

10-28-05

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
MGR	Paul Roiff	1460 South Ocean Boulevard	Manalapan, FL 33462

REINSTATEMENT

2005

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

10-28-05

Daytime Phone #

561-2815337

Typed or printed name of signing Managing Member/Manager

Paul Roiff