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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

08 OCT 13 PM 12:07

DOCUMENT # L03000033953

1. Limited Liability Company's Name

NEUMAN ENTERPRISES, LLC

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

4800 LINTON BLVD

Suite, Apt. #, etc.

SUITE F-107

City & State

DELRAY BEACH, FL

Zip

33445

Country

USA

3. Mailing Office Address

4800 LINTON BLVD

Suite, Apt. #, etc.

SUITE F-107

City & State

DELRAY BEACH, FL

Zip

33445

Country

USA

4. State/Country of Formation

FLORIDA/ USA

5. Date Organized or Qualified
To Do Business in Florida

09/09/2003

6. FEI Number

20-0033816

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

RONIT NEUMAN

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

4800 LINTON BLVD

Suite, Apt. #, Etc.

SUITE F-107

City

DELRAY BEACH

State

FL

Zip Code

33445

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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 09/17/2008

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	RONIT NEUMAN	4800 LINTON BLVD, STE F-107	DELRAY BEACH, FL 33445
MGR	DAVID NEUMAN	4800 LINTON BLVD, STE F-107	DELRAY BEACH, FL 33445

REINSTATEMENT

06-08
[Signature]

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 808.406, 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 09/17/2008

Daytime Phone # 561-498-3579

Typed or printed name of signing Managing Member/Manager **RONIT NEUMAN**

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NEUMAN ENTERPRISES, LLC
4800 LINTON BLVD SUITE F107
DELRAY BEACH, FLORIDA 33445
561-498-3579(OFFICE)
561-498-8535(FAX)

Lila S. Neuman
4733 SW 143 Ave
Miami, Fl 33175
305-222-1174

October 2, 2008

To Whom It May Concern:

Lila S. Neuman no longer owns or perform business using the name Neu-man Enterprises, LLC. Therefore, I agree to allow David and Ronit Neuman of Neuman Enterprises, LLC (Doc# L030000339353) to have a similar name as my former company. If there are concerns please contact me.

Sincerely,

Lilia S. Neuman
~~Neu-man~~ Enterprises, LLC
Owner

neu-man llc

Lilia S. Neuman

