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FILED
15 Dec 29 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000051160

1. Limited Liability Company's Name

Ignite llc

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

308 S. Coconut Ln.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Zip

33139

Country

USA

Zip

Country

8. Name and Address of Current Registered Agent

Name

Maureen Main

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

308 S. Coconut Ln.

Apt. #, Etc.

City

Miami Beach Florida

State

FL

Zip Code

33139

CR2ED41 (1/14)

4. State/Country of Formation

Broward

5. Date Organized or Qualified

To Do Business in Florida 12/09/2003

6. FEI Number

56-2436843

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a certificate of status

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12/29/15--01031--023 **1348.75

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

Maureen Main

Date

REGISTERED AGENT MUST SIGN

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
AR	Maureen Main	308 South Coconut Ln.,	Miami Beach, FL. 33139
MGR	Patrick Meyer	308 S. Coconut Ln.,	Miami Beach, FL. 33139

REINSTATEMENT

2007-2015 up

JAN 13 2016

11. E-mail Address: patrickmeyer@me.com

N. CAUSSEAU

(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

Patrick Meyer

Date 12/22/15

Daytime Phone # 646-620-6618