

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

**LIMITED LIABILITY
COMPANY**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 26 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300065197603
02/06/06--01020--004 **50.00

CR2E041 (8/05)

DOCUMENT # L04000011755

1. Limited Liability Company's Name

US CAPITAL HOLDINGS, LLC

2. Principal Office Address

321 N. UNIVERSITY DRIVE

Suite, Apt. #, etc.

City & State

PLANTATION, FLORIDA

Zip
33324

Country
USA

3. Mailing Office Address

21200 NE 38 AVENUE

Suite, Apt. #, etc.

2703

City & State

AVENTURA, FLORIDA

Zip
33180

Country
USA

4. State/Country of Formation

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number
20-0724807

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

HUANG, HONG

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

21200 NE 38 AVENUE

Suite, Apt. #, Etc.

2703

City

AVENTURA

State
FL

Zip Code
33180

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

01-25-2006

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
D	WANG, LIANG	321 N. UNIVERSITY DRIVE	PLANTATION, FL 33324

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

[Signature]

Date

01-25-2006

Daytime Phone #

954-693-8880

Typed or printed name of signing Managing Member/Manager

[Signature]

2 of 2

January 17, 2006

Division of Corporation
PO Box 6901
Tallahassee, Florida 32314

Attention: Susan Payne


RE : Document Number L04000011755

Dear Examiner:

Enclosed are our 2006 Annual Report Form and Filing Fee. We did not receive the notice from the State and we did not receive notice from the Registered Agent who resigned. We respectfully request waiver of the reinstatement fee.

Thank you.

Sincerely,


Liang Wang
Managing Member
US Capital Holdings, LLC
321 N University Drive
Mall Management Office
Plantation, FL 33324