

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUN -8 AM 10:50

DOCUMENT # L04000026732

1. Limited Liability Company's Name

PRESAGE PARTNERS, LLC

2. Principal Office Address

6573 N.W. 127 TERRACE

Suite, Apt. #, etc.

City & State

PARKLAND, FLORIDA

Zip

33076

Country

USA

3. Mailing Office Address

6573 N.W. 127 TERRACE

Suite, Apt. #, etc.

City & State

PARKLAND, FLORIDA

Zip

33076

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

4/09/04

6. FEI Number

20-0976623

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

JASON S. COOPER

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

6573 N.W. 127 TERRACE

Suite, Apt. #, Etc.

City

PARKLAND,

State

FL

Zip Code

33076

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

Date

4/6/04

REGISTERED AGENT MUST SIGN

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
Pres	JASON S. COOPER	6573 N.W. 127 TERRACE	PARKLAND, FL 33076

REINSTATEMENT 05-06

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

4/6/04

Daytime Phone #

917 304 2082

Typed or printed name of signing Managing Member/Manager

Jason S. Cooper