

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 NOV -2 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000079132

1. Limited Liability Company's Name

SAGA ASSOCIATES, L.L.C.

CR2E041 (1/11)

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

2500-1 N State Road 7

Suite, Apt. #, etc.

3. Mailing Office Address

2500-1 N State Road 7

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Hollywood FL

Zip

33021

Country

USA

Zip

33021

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11/01/2004

6. FEI Number

33-1104306

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

Alex Sorsher

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

2500-1 N State Road 7

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33021

E-mail Address:

300240832033
10/15/12--01051--016 **\$55.00

asorsher@gmail.com

(To be used for future annual report notices)

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

10/2/12

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
MGRM	Kochetkov, Sergey	2500-1 N State Road 7	Hollywood, FL 33021
REINSTATEMENT			NOV 5 2012
09-12			L. SELLERS

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. 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 Managing
Member/Manager

Date

10-2-12

Daytime Phone #

Typed or printed name of signing Managing Member/Manager