

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000022814

1. Entity Name
VICE INTERNATIONAL, LLC



FILED

07 OCT 18 PM 12:50

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3840 N. UNIVERSITY DRIVE
SUNRISE, FL

Mailing Address
3840 N. UNIVERSITY DRIVE
SUNRISE, FL

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



REINSTATEMENT

1007201 REISSUE FEE 101 (1/07)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
20-2284482

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURRAY, PAUL
3840 N UNIVERSITY DRIVE
SUNRISE, FL

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2008, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MURRAY, PAUL
3840 N UNIVERSITY DR
SUNRISE, FL 33351 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
40011038834
10/18/07--01004--007 **50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
VENABLE, MICHAEL A
1631 N. 70TH WAY
HOLLYWOOD, FL 33024 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Paul Murray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Oct 8

Date

984-605-7611

Daytime Phone #