## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY		RTMENT OF STATE		HLED		
REINSTATEMENT	i	CORPORATIONS		13 OCT 21 PM		
DOCUMENT # LOSCOOGUS 650  1. Limited Liability Company's Name				SECRETATION OF STATE  TALLAHAGSEE, FLORIDA		
HOLACE BRAN/RY	ShEFFI					
	,	2, L.C		CR2E041 (1/11)		
2. Principal Office Address - No P.O. Box # 3. Mailing Office Add 4564 AM 6 EX Udilla X A 456 4 Am Suite, Apt. #, etc. Suite, Apt. #, etc.		bazuallay x d	4. State/Country of Formation			
- Suite, Apt. #, etc.	Suite, Apr. #, etc.			nized or Qualified iness in Florida		
City & State  TAIIAHASSER TI TAIIAHA		55 CL F-1- Country	6. FEI Number Applied For   Not Applied by   Not Applied by			
32312 LEON	32312	LAZW	7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status			
8. Holder Name and Address of Current Registered Agent						
Name  HOLACH B SHRFIELD  Street Address (P.O. Box Number is Not Acceptable)			E-mail Address:			
Street Address (P.O. Box Number is Not Acceptable) 4564 Amy Result Ity K						
Suite, Apt. #, Etc.				BRAN SHEPFIELD 2000 Hohon		
TA//AhASS ZE	State Zip Code FL 3 2 3/2	(To be used for future annual report notices)				
I, being appointed the registered agent of the abo	ive named limited liability	company, am familiar with and a	accept the obliga	ations of Chapter 608, F.S.		
Signature of Registered Agent Agent Agent				Date 10-21-13		
R  10. Names and Street Addresses of Managing Men	EGISTERED AGENT/MU	IST SIGN				
Titles Name of Managing Members/ Managers		Street Address of Each Managing Member/ Manager		City / State / Zip		
OWRAHOLALA & SARFRIAM		564 Amber Unilay		THIShusse 1	F). 32312	
		<u> </u>				
			91 <del>- 10/2</del> 1	00253049 <del>/13-01009-014</del>	3 ** <del>877.50</del>	
REINST	ATEMI	ENT				
12+3					,	
721	r					
11. I certify that I am managing member/manager or this reinstatement application the reason for dissifees owed by the limited liability company have bif made under oath. I am aware that false informations	olution has been eliminati een paid. The inf <u>o</u> rmation	ed, the limited liability company i n indicated on this application is	name satisfies the true and accurat	ie requirements of section 608 e, and my signature shall hav	3.406, F.S., and that all e the same legal effect as	
Signature of Managing   Superior   Date   10-2/-/3 Daytime Phone # 5 4 4-2 3 45						
Typed or printed name of signing Managing Member/Manager						