

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2014 FEB 11 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000096871

1. Limited Liability Company's Name
LA TRINIDAD, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
17275 COLLINS AVENUE

Suite, Apt. #, etc.

304

City & State

SUNNY ISLES BEACH, FL

Zip

33160

Country

USA

3. Mailing Office Address

17275 COLLINS AVENUE

Suite, Apt. #, etc.

304

City & State

SUNNY ISLES BEACH, FL

Zip

33160

Country

USA

4. State/Country of Formation

U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

9/29/2005

6. FEI Number

260130783

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

RAMON TOURGEMAN

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

20801 BISCAYNE BOULEVARD

Suite, Apt. #, Etc.

403

City

AVENTURA

State

FL

Zip Code

33160

400256630284
02/11/14--01021--005 **1210.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Ramon Tourgeman

Date 2-7-2014

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	VICTOR HUGO ALONZO MORALES	17275 COLLINS AVENUE #304	SUNNY ISLES BEACH, FL 33160

REINSTATEMENT 07-14 D. Bruce

11. E-mail Address: josehalonzo@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Victor Hugo Alonzo Morales

Date

2-07-2014

Daytime Phone #

Typed or printed name of signing Authorized Representative/Manager

VICTOR HUGO ALONZO MORALES



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 12, 2014

LA TRINIDAD, LLC
17275 COLLINS AVENUE, #304
SUNNY ISLES BEACH, FL 33160

SUBJECT: LA TRINIDAD, LLC
Ref. Number: L05000096871

We have received your document for LA TRINIDAD, LLC and your check(s) totaling \$1210.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Leslie Sellers
Regulatory Specialist II

Letter Number: 714A00003218