PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000118654

1 Limited Liability Company's Name

Sapphire LLC.

07/31/20--01007--001 **270.00

500349418365
07/31/20--01007--002 **613.75

2. Principal Office Address - No P O Box #	3. Mailing Office Address
6432 Melaleuca Lane	
Suite Apt # etc	Suite Apt # etc
City & State: Greenacres, FLA.	City & State
Zip: 33463 Country: USA.	Zip Country

4. State/Country of Formation: FLA

5 Date Organized or Qualified To Do Business in Florida: 12-13-2005

6. FEI Number: 20-3924351 ☐ 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: Patrick Adams

Street Address (P O Box Number is Not Acceptable) Suite Apt #, Etc: 6432 Melaleuca Lane

City: Greenacres FLA 33463 | State: FL | Zip Code: 33463

FILED
20 JUL 31 AM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 _____ Date 7-27-2020
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	Patrick Adams.	6432 Melaleuca Lane	Greenacres FLA, 33463

JUL 31 2020

11. E-mail Address: PAdams3182@gmail.com
(To be used for future annual report notifications)

12 I certify that I am an authorized representative/ manager of 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s 817 155, F S

Signature of authorized representative/member _____ Date 7-27-2020 Daytime Phone # 561-346-7449

Typed or printed name of signing authorized representative/member