

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

12 SEP 20 PM 3:10

GALLATHESEE, FLORIDA

DOCUMENT # L06000004585

1. Limited Liability Company's Name

South Investments LLC

REINSTATEMENT

10-12

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

(PO BOX) 1562 SPRINGSIDE DRIVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Weston

City & State

FL

Zip

33326

Country

United States

Zip

Country

4. State/Country of Formation

Florida / United States

5. Date Organized or Qualified
To Do Business in Florida

Jan 1, 2008

6. FEI Number

204109309

☐ 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 **Luzelena Hincapie**

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

1562 SPRINGSIDE DRIVE

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33326

E-mail Address:

300237432293
07/13/12--01032--010 **521.25

elena2629@hotmail.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

Luzelena Hincapie

Date **July 31, 2012**

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
Mgr	Luzelena Hincapie	1562 Springside Drive	Weston, FL 33326

300237432293
09/24/12--01001--003 **25.00

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

Luzelena Hincapie

Date **7-12-2012**

Daytime Phone #

954455 1080

Typed or printed name of signing Managing Member/Manager

B. BOSTICK

SEP 21 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 18, 2012

LUZELENA HINCAPIE
SOUTH INVESTMENTS LLC
1562 SPRINGSIDE DRIVE
WESTON, FL 33326

SUBJECT: SOUTH INVESTMENTS, LLC
Ref. Number: L06000004585

We have received your document for SOUTH INVESTMENTS, LLC and your check(s) totaling \$521.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 712A00019125