

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000009494

1. Limited Liability Company's Name

Abby Holdins No More LLC

FILED

13 FEB 27 PM 4:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500245167215
02/27/13--01023--005 **660.00

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #
20590 W Dixie Highway

3. Mailing Office Address
20590 W Dixie Highway

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

Aventura, FL

City & State

Aventura, FL

Zip

33180

Country

Dade

Zip

33180

Country

Dade

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

1/26/2006

6. FEI Number

20-4470319

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

Glenn H. Gopman

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

20590 W Dixie Highway

Suite, Apt #, Etc.

City

Aventura

State

FL

Zip Code

33180

E-mail Address:

gopman@miamicpa.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

Glenn H. Gopman
REGISTERED AGENT MUST SIGN

Date 2/22/13

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
MGRM	Glenn H. Gopman	20590 W Dixie Highway	Aventura, FL 33180

B 3/1/13
10-13

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

Glenn H. Gopman

Date 2/22/13

Daytime Phone # 305-937-2272

Typed or printed name of signing Managing Member/Manager

GLENN H. GOPMAN