

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 OCT 29 PM 2: 19

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L060000011789

1. Limited Liability Company's Name

LG Holdings LLC

CR2E041 (10/08)

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

3850 NW Boca Raton Blvd

Suite, Apt. #, etc.

Suite 5

City & State

Boca Raton FL

Zip

33431

Country

USA

3. Mailing Office Address

3850 NW Boca Raton Blvd

Suite, Apt. #, etc.

Suite 5

City & State

Boca Raton FL

Zip

33431

Country

USA

4. State/Country of Formation

FL USA

5. Date Organized or Qualified
To Do Business in Florida

2/1/06

6. FEI Number

☐ 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

Jami Green

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

17849 Villa Club Way

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33496

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/24/08

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
MEM	Lee Green	3850 NW Boca Raton Blvd #5	Boca Raton FL 33431

500137326855
10/27/08--01058--011 **277.50

REINSTATEMENT 07-08

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.

Signature of
Managing Member/Manager

[Signature]

Date 10/23/08

Daytime Phone # 561 544 8910

Typed or printed name of signing Managing Member/Manager