

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUN 12 AM 8:49

DOCUMENT #

1. Limited Liability Company's Name

Lmrem LLC

REINSTATEMENT *2007-09 LRM*

CR2E041 (10/08)

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

160 W. Camino Real

3. Mailing Office Address

Same

Suite, Apt. #, etc.

St 228

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Zip

33432

Country

US

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

5/1/2006

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

Michelle Kneer

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

290 E. Atlantic Avenue

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33444

☒ 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

Michelle Kneer

REGISTERED AGENT MUST SIGN

Date

4/17/09

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
<i>mgr</i>	<i>Lynn manero</i>	<i>160 W. Camino Real</i>	<i>Boca Raton FL 33432</i>

000152769260
04/27/09--01015--015 **238.75

000152769260
06/11/09--01056--020 **177.50

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

Lynn Manero

Date

4/17/09

Daytime Phone #

561-278-7232

Typed or printed name of signing Managing Member/Manager

Lynn manero