

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000061186

1. Limited Liability Company's Name

SH, LLC

500439582685
11/13/24--01031--016 **2350.00

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

2185 Juana Road

Suite, Apt. #, etc.

3. Mailing Office Address

550 Fairway Drive

Suite, Apt. #, etc.

Suite 101

City & State

Boca Raton

City & State

Deerfield Beach

Zip

33486

Country

US

Zip

33441

Country

US

CR2E041 (1/14)

4. State/Country of Formation

FL / US

5. Date Organized or Qualified
To Do Business in Florida

06/15/2006

6. FEI Number

20-50052460

☐ 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

Chris Conway

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

550 Fairway Drive

Apt. #, Etc.

Suite 101

City

Deerfield Beach

State

FL

Zip Code

33065

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

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	Chris Conway	550 Fairway Drive, Suite 101	Boca Raton, FL 33486
L06000061186			

11. E-mail Address: cogzell006644@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or 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

10/30/2024

Daytime Phone #

561-271-0078

Typed or printed name of signing authorized representative/member

Chris Conway