

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000077945

1. Entity Name
FIRMAMENT LLC



FILED

07 DEC -4 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3389 SHERIDAN ST #566
HOLLYWOOD, FL 33021

Mailing Address
3389 SHERIDAN ST #566
HOLLYWOOD, FL 33021

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11282007 REIN-LLC

CR2E101 (1/07)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRACIA, VANESSA
3389 SHERIDAN ST #566
HOLLYWOOD, FL 33021

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

11/27/07

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME GRACIA, RUDDY
STREET ADDRESS 3389 SHERIDAN ST #566
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE ☐ Change ☐ Addition
NAME 100112789901
STREET ADDRESS 12/03/07--01070--003 **150.00
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME GRACIA, MARIA
STREET ADDRESS 3389 SHERIDAN ST #566
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11/28/07

Date

954 9634001

Daytime Phone #

REINSTATEMENT
2007