

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000084874

1. Entity Name
MOM PARTNERS, L.L.C.



Principal Place of Business
16300 NORTHEAST 19TH AVENUE, SUITE 217
NORTH MIAMI BEACH, FL 33162

Mailing Address
16300 NORTHEAST 19TH AVENUE, SUITE 217
NORTH MIAMI BEACH, FL 33162

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

18393 NE 4 CT

3. Mailing Address

18393 NE 4 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH FL

City & State

NORTH MIAMI BEACH FL

Zip
33179

Country

Zip

33179

Country

09192007 REIN-LLC

CR2E101 (1/07)

4. FEI Number

20-5661255

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SERFATY, CHARLES S ESQ
4340 SHERIDAN STREET, SECOND FLOOR
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name
MAEL CHEMLA

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

18393 NE 4TH CT

City
NMB

FL

Zip Code
33179

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.

MAEL CHEMLA

(NOTE: Registered Agent signature required when reinstating)

DATE

November 1st 2007

FILE NOW!!! FEE IS \$50.00
After January 1, 2008, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CHEMLA, MAEL
1860 NORTHEAST 199TH STREET
NORTH MIAMI BEACH, FL 33179

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

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

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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

Date

Daytime Phone #

9/30/17

REINSTATEMENT

07

FILED
07 NOV 20 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

