

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2024 JUL 29 PM 12:49

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

800433806928  
07/25/24--01008--013 \*\*\*1210.00

CR2E041 (1/14)

DOCUMENT # L06000086932

1. Limited Liability Company's Name

CAPITAL MANAGEMENT SERVICES OF SOUTH FLORIDA, L.L.C.  
(f/k/a CAPITAL MANAGEMENT SERVICES, L.L.C.)

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

800-NE 3rd AVE

Suite, Apt. #, etc

City & State

BOCA RATON, FL

Zip

33432

Country

USA

3. Mailing Office Address

800 NE 3rd AVE

Suite, Apt. #, etc

City & State

BOCA RATON, FL

Zip

33432

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 09/05/2006

6. FEI Number

20-5498178

☐ 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

IGOR TEPLITSKY

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

800 NE 3rd AVE

Apt. # Etc

City

BOCA RATON

State

FL

Zip Code

33432

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

REGISTERED AGENT MUST SIGN

Date

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	IGOR TEPLITSKY	800 NE 3rd AVE	BOCA RATON, FL 33432
MGR	MARINA TEPLITSKY	800 NE 3rd AVE	BOCA RATON, FL 33432

A. PARISHANI  
AUG - 3 2024

11. E-mail Address: Lefkowitz100@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

7-16-24

Daytime Phone #

561-680-9972

Typed or printed name of signing authorized representative/member

IGOR TEPLITSKY - MGR