

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000103768

1. Entity Name
15901/1203 LLC



FILED

09 FEB 10 PM 2:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA



01292009 REIN-LLC

CR2E101 (1/07)

4. FEI Number
20-5840274

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ING, ALBERT
8841 SW 103 STREET
MIAMI, FL 33178

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

2/1/09

FILE NOW!!! FEE IS \$277.50

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 MGR ☐ Delete
NAME ING, ALBERT
STREET ADDRESS 8841 SW 103 STREET
CITY-ST-ZIP MIAMI, FL 33178

TITLE MGR ☐ Delete
NAME HERNANDEZ-ING, JANE B
STREET ADDRESS 8841 SW 103 STREET
CITY-ST-ZIP MIAMI, FL 33178

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE ☐ Change ☐ Addit
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.

N. O. O'Hara

FEB 11 2009

REINSTATEMENT 07-09

200143255082
02/10/09--01015--011 **277.50