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11 MAR 25 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

LIMITED LIABILITY COMPANY
REINSTATEMENT
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 107000015084

1. Limited Liability Company's Name
LH Olive Branch CI LLC

2. Principal Office Address - No P.O. Box #
222 FAIRMONT WAY
Suite, Apt. #, etc.

3. Mailing Office Address
222 FAIRMONT WAY
Suite, Apt. #, etc.

City & State
Weston, FL

City & State
Weston, FL

Zip 33326 Country U.S.A
Broward

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Broward

4. State/Country of Formation FL

5. Date Organized or Qualified To Do Business in Florida 2/25/2005

6. FEI Number 20-1866187 ☐ 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
Suresh Sangani
Street Address (P.O. Box Number is Not Acceptable)
222 FAIRMONT WAY
Suite, Apt. #, Etc.
City Weston State FL Zip Code 33326

E-mail Address:
Sureshsangani@gmail.com

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.
Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Member	Suresh Sangani	222 FAIRMONT WAY	Weston, FL 33326

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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, 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 requirements of section 608.406, 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 Managing Member/Manager Suresh H. Sangani Date 3/20/11 Daytime Phone # 954-385-8151
Typed or printed name of signing Managing Member/Manager SURESH H. SANGANI