

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000067533

1. Entity Name
3722, LLC



Principal Place of Business

~~3722 MIL LAKE CIRCLE
GREENACRES, FL 33463~~

Mailing Address

~~3722 MIL LAKE CIRCLE
GREENACRES, FL 33463~~

2. Principal Place of Business - No P.O. Box #
13794 NW 4th Street

Suite, Apt. #, etc.
200

City & State
Sunrise FL

Zip
33325

Country
USA

3. Mailing Address
same

Suite, Apt. #, etc.
same

City & State
same

Zip
same

Country
same

06052009 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

MONTOTO, ANGEL
~~3722 MIL LAKE CIRCLE
GREENACRES, FL 33463~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
13794 NW 4th Street # 200
City Sunrise FL Zip Code 33325

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

6-11-09

FILE NOW!!! FEE IS \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
700157541987
06/22/09--01046--004 **377.50

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
ANGEL MONTOTO, m&r.
13794 NW 4TH ST. #200
SUNRISE, FL 33325

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
S. HAWKES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
JUL 2 2009
S. HAWKES
EXAMINER

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

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

6/11/09 (954) 837-0456
Date Daytime Phone #

FILED
09 JUL 20 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA





FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 2, 2009

3722, LLC
13794 NW 4TH STREET 200
SUNRISE, FL 33325

SUBJECT: 3722, LLC
Ref. Number: L07000067533

We have received your document for 3722, LLC and your check(s) totaling \$377.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one MGR or MGRM before your LLC can be reinstated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 409A00022820