

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 NOV -1 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name
L07000127804

INTELLITECH SERVICES LLC

CR2E041 (1/11)

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

1405 BARCELONA WAY

Suite, Apt. #, etc.

3. Mailing Office Address

1405 BARCELONA WAY

Suite, Apt. #, etc.

4. State/Country of Formation

City & State

WESTON, FLORIDA

City & State

WESTON, FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

30-0456699

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

JORGE I. LECHIN

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

1405 BARCELONA WAY

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33327

E-mail Address:

900253447239
11/01/13--01002--009 **238.75

JORGELECHIN@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 10/31/2013

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
MGRM	JORGE I. LECHIN	1405 BARCELONA WAY	WESTON, FL 33327
		REINSTATEMENT	
			-13
			NOV 1 2013
			M. WILLIAMS

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

Date 10/31/2013

Daytime Phone # 954-655-8115

Typed or printed name of signing Managing Member/Manager MANAGING MEMBER