

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L08000017486

1. Limited Liability Company's Name

Dolce Shannon Creek II, LLC

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

1920 E. Hallandale Beach Blvd.

Suite, Apt. #, etc.

505

City & State

Hallandale Beach

Zip

33009

Country

Broward

3. Mailing Office Address

1920 E. Hallandale Beach Blvd.

Suite, Apt. #, etc.

505

City & State

Hallandale Beach

Zip

33009

Country

Broward

4. State/Country of Formation

FL/Broward

5. Date Organized or Qualified  
To Do Business in Florida

02/18/2008

6. FEI Number

262097260

☐ 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

Ruslan Krivorushko

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

1920 E. Hallandale Beach Blvd.

Suite, Apt. #, Etc.

505

City

Hallandale Beach

State

FL

Zip Code

33009

E-mail Address:

jortiz@dolceliving.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

(Same)

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
MGRM	Ruslan Krivoruchko	1920 E. Hallandale Beach Blvd. Ste 505	Hallandale Beach, FL 33009

REINSTATEMENT - 2010 + 2011

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 11/15/11

Daytime Phone # 954-455-0336

Typed or printed name of signing Managing Member/Manager

Ruslan Krivoruchko