

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000002922

1. Limited Liability Company's Name

AZIL, LLC

2. Principal Office Address - No P.O. Box #
18101 Collins Ave

Suite, Apt. #, etc.

Apt-4601

City & State

sunny Isles Beach

Zip

33160

Country

Florida

3. Mailing Office Address

18090 Collins Ave

Suite, Apt. #, etc.

Suite-T10

City & State

Sunny Isles Beach

Zip

33160

Country

Florida

4. State/Country of Formation

Sunny Isles Beach

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

80-0397126

☐ 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

GERCHIKOVA, SVETLANA

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

18090 Collins Ave

Suite, Apt. #, Etc.

Suite-T10

City

Sunny Isles Beach

State

FL

Zip Code

33160

800189703788
01/05/11--01007--005 **377.50

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

REGISTERED AGENT MUST SIGN

Date **12/28/2010**

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
MGR	GERCHIKOVA, SVETLANA	18090 Collins Ave Suite - T10	Sunny Isles Beach FL 33160

11. E-mail Address: **ALBU27@MSN.COM**

(To be used for future annual report notifications)

12. 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.

Signature of

Managing Member/Manager

Date **12/28/2010**

Daytime Phone # **305-725-8799**

Typed or printed name of signing Managing Member/Manager **Svetlana Gerchikova**