

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **LO9000042786**

1. Limited Liability Company's Name

ERYX LLC

600427059086
04/03/24--01002--001 **1903.75

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

2166 Nova Village Dr

Suite, Apt #, etc

City & State

Davie Florida

Zip

33317

Country

USA

3. Mailing Office Address

2166 Nova Village Dr.

Suite, Apt #, etc

City & State

Davie Florida

Zip

33317

Country

USA

CR2ED01 (1/14)

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified To Do Business in Florida

05/04/2009

6. FEI Number

27-1050815

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

Mitziq Almengor

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

2166 Nova Village Drive

Apt #, Etc

City

Davie

State

FL

Zip Code

33317

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent

[Signature]

Date **3-27-2024**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Mitziq Almengor	2166 Nova Village Dr.	Davie, FL 33317

FILED
2024 APR -3 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FL

11. E-mail Address: **iflexer@gmail.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

[Signature]

Date **3-27-2024** Daytime Phone # **347 645 0159**

Typed or printed name of signing authorized representative/member