

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2017 MAY 11 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L09000083132

1. Limited Liability Company's Name

LANA PROPERTIES, LLC

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

1717 N Bayshore Drive

Suite, Apt. #, etc.

Unit 3853

City & State

Miami, Florida

Zip

33132

Country

USA

3. Mailing Office Address

1717 N Bayshore Drive

Suite, Apt. #, etc.

Unit 3853

City & State

Miami, Florida

Zip

33132

Country

USA

REINSTATEMENT 2010-17

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

08/27/2009

6. FEI Number

☒ 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

JOSEPH B. RYAN III, ESQ.

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

8925 S. W. 148TH STREET

Apt. #, Etc.

SUITE 200

City

PALMETTO BAY

State

FL

Zip Code

33176

300298550709

04/27/17--01028--014 **1210.00

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



REGISTERED AGENT MUST SIGN

Date 4/17/2017

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	Esteban Daniel Kochmann	Rte du Port 34 1009	Pully, Switzerland

11. E-mail Address: jbryantlaw@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

Date

Apr 17 2017

Daytime Phone #

011 41 79 647 63 01

Typed or printed name of signing authorized representative/member

Esteban Daniel Kochmann



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 1, 2017

LAW OFFICES OF JOSEPH B. RYAN III, P.A.
8925 SW 148TH ST, STE. 200
MIAMI, FL 33176

SUBJECT: LANA PROPERTIES, LLC
Ref. Number: L09000083132

We have received your document for LANA PROPERTIES, LLC and your check(s) totaling \$1210.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 617A00008452

Please see attached sign document

2017 MAY 11 AM 11:10

TALLAHASSEE, FLORIDA