

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L10000119002

1. Limited Liability Company's Name

MYRADELL, LLC

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

11018 carmelcove circle

Suite, Apt. #, etc.

City & State

boynton beach, florida

Zip

33473

Country

usa

3. Mailing Office Address

11018 carmelcove circle

Suite, Apt. #, etc.

City & State

boynton, beach, florida

Zip

33473

Country

usa

8. Name and Address of Current Registered Agent

Name
alan freeman

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

11018 carmelcove circle

Suite, Apt. #, Etc.

City
boynton beach

State
FL

Zip Code
33473

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

OCT 18, 2011

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	myra freeman	11018 carmelcove circle	boynton beach, fl 33473
REINSTATEMENT 10-11			
L. SELLERS			
OCT 24 2011			
EXAMINER			

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 **october 18, 2011**

Daytime Phone # **561 7369733**

Typed or printed name of signing Managing Member/Manager **myra freeman**

FILED

11 OCT 21 PM 5:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CR2E041 (1/11)

4. State/Country of Formation

florida/usa

5. Date Organized or Qualified
To Do Business in Florida

november 16, 2010

6. FEI Number

80-0664316

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

E-mail Address:

700213565417
10/21/11--01030--005 **238.75

myralan@att.net

(To be used for future annual report notices)