

238.75

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT  
2013



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

13 OCT 29 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

AMADO GROUP LLC  
L11000027236

700252633477  
10/09/13--01039--004 \*\*238.75

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

9375 SW 61 WAY #C

Suite, Apt. #, etc.

#C

City & State

BOCA RATON FL

Zip

33428

Country

US

3. Mailing Office Address

9375 SW 61 WAY #C

Suite, Apt. #, etc.

#C

City & State

BOCA RATON, FL

Zip

33428

Country

US

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

36-4694324

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

CLARA MARONEY

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

331 NW 183 TERR

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33164

E-mail Address:

(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

CLARA MARONEY  
REGISTERED AGENT MUST SIGN

Date 10/4/13

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	Alexander Amado	9375 SW 61 WAY #C	Boca Raton, FL 33428
MGR	Elena Amado	9375 SW 61 WAY #C	Boca Raton, FL 33428

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

CLARA MARONEY

Date

Daytime Phone #

561-451-1000

954-270-2550

Typed or printed name of signing Managing Member/Manager

K ASHTC