

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

14 SEP 30 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name
L11000041958
W UNIT 802, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
2201 Collins Ave
Suite, Apt. #, etc.
Unit 802
City & State
Miami Beach, FL
Zip Country
33139 USA

3. Mailing Office Address
14 NE 1st Ave
Suite, Apt. #, etc.
2nd Floor
City & State
Miami, FL
Zip Country
33132 USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida
04/07/2011

6. FEI Number
990369982

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
Thomas G. Sherman, P.A.
Street Address (P.O. Box Number is Not Acceptable)
90 Almeria Avenue
Suite, Apt. #, Etc.
City
Coral Gables
State Zip Code
FL 33134

200264831362
09/30/14--01028--018 **100.00
200264831362
09/30/14--01028--017 **138.75

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

9/17/14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	PAULO VIEIRA	14 NE 1st Ave, 2nd Fl	Miami, FL 33132
MGRM	ELAINE VIEIRA	14 NE 1ST AVE, 2ND FL	MIAMI, FL 33132

REINSTATEMENT

11. E-mail Address: RPM@BENCHMARKRG.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 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 805.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date

Daytime Phone #

Typed or printed name of signing Authorized Representative/Manager PAULO VIEIRA

SEP 30 2014

WILLIAMS