

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L11000064711

1. Limited Liability Company's Name
S & G MANAGMENT LLC

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

10011 SW 6TH STREET

Suite, Apt. #, etc.

City & State

PEMBROKE PINES

Zip

33025

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

8. Name and Address of Current Registered Agent

Name

SANTA MONERO

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

10011 SW 6TH STREET

Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33025

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 **11/25/2019**

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	SANTA MONERO	10011 SW 6TH STREET	PEMBROKE PINES, FL 33025
MGR	GERY TEJADA	10011 SW 6TH STREET	PEMBROKE PINES, FL 33025

11. E-mail Address: **JIMENEZACCOUNTING@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 **11/25/2019**

Daytime Phone #

786-488-7628

Typed or printed name of signing authorized representative/member

2019 DEC 16 AM 10:25

300338038173
12/16/19--01013--027 **\$55.00

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

06/01/2011

6. FEI Number

45-2441755

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$5.00 Additional Fee required
for a certificate of status**

R. WHITE

DEC 17 2019