PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE Secretary of State DIMSION OF CORPORATIONS							FILED Mar 09, 2018 08:00 AM Secretary of State 500329556886		
DOCUMENT # 1100089820 1. Limited Liebility Company's Name DOBROMIRA LLC									
							CR2E041 (1/14)		
2. Principal		ess - No P.O. Bax # ET	1	3. Making Office Address 13 TYQUIN STREET				4. State/Country of Formation	
Sude, Apt #	, etc.		Suite, Apt, #, etc				п.		
SHEPPAR	NV NOTS	CTORIA	SHEPPARTON VICTORIA				5. Dee Organi To Do Busin 08/04/2011	red or Crustried	
City & State			City & State				6. FEI Number	Applied For	
Zio VI 3630		Country Zep AUS VI 3630		/	Country AUS		7. CERTIFICATE OF STATUS DESIRED St. 35.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent									
Name NRAI SERVICES, INC								{	
Street Address (P.O. Box Number is Not Acceptable)							1	į	
1200 SOUTH PINE ISLAND ROAD Suide, Api. #, Ele.							ļ		
City Slate Zip Coce							l		
PLANTATION						3324	l		
9. I, beng Signature (Registered	اه	the regulatered against of the a	16			Danny Ver Assistant	decchia	cons of Chapter 605, F.S. Date 3/9/18	
10. Names and Street Addresses of Authorized Representatives/Managers									
Titles	Name of Authorized Representatives/ Managers					rset Address of Eac lorized Represental Manager		City / State / Zip	
MGRM					YQUIN STREET SHEPPARTON			VICTORIA 3630, VI 3660 AU	
					···········				
11, E-mai	Address.	maimaz	ir Ø	final transfer		> M	000)		
(To be used for future annual report notices from an authorized representative/menager or the receiver or insiste empowered to execute the application as provided for in Chapter 606, F.S. I further certify that I am an authorized representative/menager or the receiver or insiste empowered to execute the application as provided for in Chapter 606, F.S. I further certify that when fifting this remaintaintening application in a receiver execute the requirements of section 605 0012, F.S., and that silves owed by the limited listeity 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 ceth, I em aware that false information submitted to the Department of State constitutes a third degree fellony as provided in a 817,155, F.S.									
Signature of Authorized		dve/Manager <u>Hu</u>	W			o _{ete} _03	/09/18	yuma Phone # (61)-448134846	
Typed or pr	irted name :	of aligning Authorized Repres	entative/Manager	M	101	1AL 1	MAZUR	for Eurograft Unit Trust	

20/2

Carrothers, Cathy A.

From: Rickard, Chris < Chris.Rickard@wolterskluwer.com>

Sent: Wednesday, May 15, 2019 10:20 AM

To:Carrothers, Cathy A.Cc:Laughrey, Kimberly

Subject: RE: Dobromira LLC original document / authorization for all charges

EMAIL RECEIVED FROM EXTERNAL SOURCE

Hello again 😊

Please consider this email our formal authorization to bill our SunBiz Account # FCA000000023 (PIN 9713) for all charges related to the missing reinstatement payment for Dobromira LLC we have been discussing on the phone the past two days.

I have added to my manager to this reply just for our records – you are always welcome to inquire with her directly at 614-280-3338 regarding this situation if I am out of the office or similar.

Thank you sincerely for all of your patience and attention with this issue

Chris Rickard
Senior Fulfillment Specialist
CT Corporation

Team (614) 280-3338
GlobalFulfillmentTeam@wolterskluwer.com



4400 Easton Commons Way Suite 125 Columbus, Ohio 43219 www.wolterskluwer.com

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From: Rickard, Chris

Sent: Tuesday, May 14, 2019 3:11 PM
To: cathy.carrothers@dos.myflorida.com
Subject: Dobromira LLC original document

Chris Rickard
Senior Fulfillment Specialist
CT Corporation