

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2021 AUG 11 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # L11000129382

1. Limited Liability Company's Name
LOSMA FLORIDA LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 10731 NW 74TH TERRACE		3. Mailing Office Address 10731 NW 74TH TERRACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33178	Country US	Zip 33178	Country US

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 11/14/2011	
6. FEI Number 33-1222617	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent

Name
TAXES USA LLC

Street Address (P.O. Box Number is Not Acceptable) Suite
5892 STIRLING RD

Apt. #, Etc.
4

City
HOLLYWOOD

State
FL

Zip Code
33021

300371581823
08/11/21--01016--001 **239.75

REINSTATEMENT

Date **08/02/2021**

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

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	LOSMA PROPERTY LTD	10731 NW 74TH TERRACE	MIAMI, FL 33178
MGR	MARIA DEL CARMEN ARGIZ DE BERMUDEZ	10731 NW 74TH TERRACE	MIAMI, FL 33178

11. E-mail Address **INFO@TAXESUSAMIAMI.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

Date

08/02/2021

Daytime Phone #

786-302-0304