PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2021 MAY 11 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # L12000059035

1. Limited Liability Company's Name

CCR consulting, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5508 NW 59th Place	5508 NW 59th Place
Suite Apt #, etc	Suite Apt #, etc.
City & State: Tamarac, FL	City & State: Tamarac, FL
Zip: 33319 Country: USA	Zip: 33319 Country: USA

CR2E041 (1/14)

4. State/Country of Formation: Florida USA

5. Date Organized or Qualified To Do Business in Florida: 5/2/12

6. FEI Number: 37-1693876 ☐ 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: Jorge Barrios

Street Address (P.O. Box Number is Not Acceptable) Suite: 5508 NW 59th Place

Apt #, Etc.

City: Tamarac | State: FL | Zip Code: 33319

800366013938
05/11/21 01006 010
$1,071.25

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: _____ Date: 4/29/21
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	Jorge Barrios	5508 NW 59th place	Tamarac FL 33319
		15-21	
			JUN 01 2021
			D CUSHING

11. E-mail Address: Jorgealexbarrios78@yahoo.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: 4/29/21 Daytime Phone #: 954-226-7747

Typed or printed name of signing authorized representative/member: Jorge Barrios