

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L1200D135876

1. Limited Liability Company's Name

Marcelo Construction LLC

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

65082 St

Suite, Apt. #, etc.

3. Mailing Office Address

65082 St

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

Country

FL

USA

Zip

Country

33141

Dade

8. Name and Address of Current Registered Agent

Name

Marcelo Michelli

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

65082 St.

Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33141

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

Marcelo Michelli

REGISTERED AGENT MUST SIGN

Date April 30, 2012

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
<u>Mgr</u>	<u>Marcelo Michelli</u>	<u>65082 St</u>	<u>Miami Beach, FL 33141</u>

**M. MILLIGAN
EXAMINER**

Jan 18 2015

11. E-mail Address:

m.michelli@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

Marcelo Michelli

Date

April 30, 2012

Daytime Phone #

486-470-7570

Typed or printed name of signing authorized representative/member

Marcelo Michelli

FILED
15 MAY -1 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2013-2015

CR2ED41 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10/25/2012

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

4/14/15 01023 009-516-25
000271778640