

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2017 MAY 23 PM 1:03

**DOCUMENT #**

1. Limited Liability Company's Name **AVARON INVESTMENT  
& CONSULTANCY GROUP LLC**  
**L12000157269**

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

**2880 W OAKLAND PK BLVD** **SAME**

Suite, Apt. #, etc.

**215**

City & State

**OAKLAND PK FL**

Zip

**33309**

Country

**USA**

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

**33309**

Country

**USA**

CR2E041 (1/14)

**4. State/Country of Formation**

**FLORIDA**

**5. Date Organized or Qualified  
To Do Business in Florida**

**6. FEI Number**

**46-1716060**

Applied For

☐ Not Applicable

**7. CERTIFICATE OF STATUS DESIRED ☐**

**8. Name and Address of Current Registered Agent**

Name

**RACHAEL COLLINS**

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

**2880 W OAKLAND PK BLVD**

Apt. #, Etc.

**215**

City

**OAKLAND PK**

State

**FL**

Zip Code

**33309**

**900298601109**  
**05/23/17--01033--028 \*\*793.75**

**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

**Rachael Collins**

REGISTERED AGENT MUST SIGN

Date

**MAY 18 2017**

**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	PAUL COLLINS	2880 W OAKLAND PK BLVD # 215	OAKLAND PK FL 33309
<b>REINSTATEMENT</b>			
<b>MAY 23 2017</b>			
<b>R. HUNT</b>			

11. E-mail Address: **rachaelcollins@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

**Rachael Collins**

Date

**MAY 18 2017**

Daytime Phone #

**954888155**

Typed or printed name of signing authorized representative/member