

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2018 NOV -9 PM 3:27

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
11/09/2018 11:03:27

DOCUMENT # L13000030699

1. Limited Liability Company's Name
LDR INVESTMENTS, LLC

600320857346
11/09/18--01003--007 **\$55.00

2. Principal Office Address - No P.O. Box #
6499 POWERLINE RD.

3. Mailing Office Address
6499 POWERLINE RD.

Suite, Apt. #, etc
S. 101

Suite, Apt. #, etc
S. 101

City & State
FORT LAUDERDALE, FL

City & State
FORT LAUDERDALE, FL

Zip Country
33309 U.S.A.

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33309 U.S.A.

CR2E041 (1/14)

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida **02/27/2013**

6. FEI Number
46-2149278

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
MARCOS MIRANDA

Street Address (P.O. Box Number is Not Acceptable) Suite,
6499 POWERLINE RD.

Apt. #, Etc
S. 101

City
FORT LAUDERDALE

State Zip Code
FL 33309

RE - 2015 - 2018

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 *[Signature]*
REGISTERED AGENT MUST SIGN

Date **11/08/2018**

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	MARCOS MIRANDA	6499 POWERLINE RD., S. 101	FORT LAUDERDALE, FL 33309

11. E-mail Address **president@sifer.us**

(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 *[Signature]*

Date **11/08/2018** Daytime Phone # **786-200-7386**

MARCOS MIRANDA