


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L13000042855
Limited Liability Company's Name
11 SURFSIDE LLC

1. Principal Office Address - No P.O. Box # 466 ALTON ROAD		3. Mailing Office Address SAME	
4. Suite, Apt. #, etc.		5. Suite, Apt. #, etc.	
6. City & State MIAMI BEACH, FL		7. City & State MIAMI BEACH, FL	
8. Zip 33140	9. Country	10. Zip 33140	11. Country
12. Name and Address of Current Registered Agent			
13. Name MILDA GUTIERREZ			
14. Street Address (P.O. Box Number is Not Acceptable) Suite, 466 ALTON ROAD			
15. Apt. #, Etc.			
16. City MIAMI BEACH	17. State FL	18. Zip Code 33140	

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17 DEC 29 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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CR2E041 (1/14)

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 03/21/2013	
6. FEI Number 46-2345093	<input type="checkbox"/> 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	

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: Milda Gutierrez Date: _____
REGISTERED AGENT MUST SIGN

Names and Street Addresses of Authorized Representatives/Managers

Names	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MR	MILDA GUTIERREZ	4466 ALTON ROAD	MIAMI BEACH, FL 33140

mail Address: _____
(To be used for future annual report notifications)

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 112, 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 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: Milda Gutierrez Daytime Phone #: _____
MILDA GUTIERREZ K ASHTON