FILED
15 JAN 20 PM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT # L13000105562

1. Limited Liability Company's Name
LW Holdings LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1111 Brickell Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 1117			
City & State		City & State	
Miami		Florida	
Zip	Country	Zip	Country
33131	USA	33131	USA

4. State/Country of Formation
Florida USA

5. Date Organized or Qualified To Do Business in Florida
July 25, 2013

6. FEI Number
46-3264782
☐ 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
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc

City	State	Zip Code
Plantation, FL 33324	FL	

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 Angel Nunez Assistant Secretary Date 1/20/15
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Carlos Zalles	1111 Brickell Avenue, Suite 1117	Miami, FL 33131

REINSTATEMENT
2014-2015

11. E-mail Address: czalles@lwholdingsllc.net
(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 requirements 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager _____ Date 1/16/2014 Daytime Phone # _____

Typed or printed name of signing Authorized Representative/Manager Carlos Zalles

JAN 20 2015
M. WILLIAMS

Florida Department of State

Division of Corporations

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LIMITED LIABILITY REINSTATEMENT

LW HOLDINGS LLC

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