

1 of 2 pages

2/12/2016 9:12:54 AM From: To: 8506176384(2/2)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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16 FEB 12 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L13000105562

1. Limited Liability Company's Name
LW Holdings LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 1111 Brickell Avenue		3. Mailing Office Address 1111 Brickell Avenue	
Suite, Apt. #, etc. 2100		Suite, Apt. #, etc. 2100	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33131	Country USA	Zip 33131	Country USA

4. State/Country of Formation
Florida

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

6. FEI Number

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 Plantation	State FL	Zip Code 33324

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

Carlos A. Zalles

REGISTERED AGENT MUST SIGN

Date 02/09/16

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	Carlos Zalles	1111 Brickell Avenue, Suite 2100	Miami, FL 33131

11. E-mail Address:

(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

Carlos A. Zalles

Date 02/08/16

Daytime Phone # 305-588-5898

Typed or printed name of signing Authorized Representative/Manager

Carlos A. Zalles

RE 2/12/16

2/12/2016 9:12:54 AM From: To: 8506176384(1/2)

2 of 2 pages

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LIMITED LIABILITY REINSTATEMENT
LW HOLDINGS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
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