

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

13000155514
FILED

2021 OCT 22 AM 8:53

DOCUMENT # 13000155514
1 Limited Liability Company's Name
Crown Property Services, LLC

10/22/21--01025--004 STATE 138.75
SECRETARY OF STATE
TALLAHASSEE, FL
100374940841
03/01/21--01016--032 **1071.25

2. Principal Office Address - No P.O. Box #
9215 SW 171 Ct
Suite Apt # etc

3 Mailing Office Address
9215 SW 171 Ct
Suite Apt # etc

City & State
Miami FL

City & State
Miami FL

Zip Country
33196 USA

Zip Country
33196 USA

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
11/5/2013

6. FEI Number
AL-4033486

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a certificate of status

8 Name and Address of Current Registered Agent

Name
Steve Lantigua

Street Address (P.O. Box Number is Not Acceptable) Suite
11348 SW 86 Lane

Apt # Etc

City State Zip Code
Miami FL 33173

100374940841
10/22/21--01025--004 **138.75

9 I am 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] Date 10/12/21

REGISTERED AGENT MUST SIGN

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
M	Steve Lantigua	11348 SW 86 Lane	Miami FL 33173

11 E-mail Address CROWNPROPERTIES@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 [Signature] Date 10/12/21 Daytime Phone # 786-442-4900

Typed or printed name of signing authorized representative/member Steve Lantigua