LIMITED LIABILITY COMPANY -REINSTATEMENT



FLORIDA DEPARTMENTOF STATE Secretary of State

FILED

DIVISION OF CORPORATIONS

		040836	
1. Limite	ed Liability Company's Name	1	2019 FEB 12 AM 11: 20
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			ECILITALI-AHASSES-SE
<u> </u>			Uck <u>16, 17==01010==0104 - 4*600.10</u>
استمسا		ling Office Address	CR2E041 (1/14)
100			4. State/Country of Formation
Suite, Apt.	s, etc Suite, A	ot. ≠, etc.	FL081dCL
City & Sta			5. Date Organized or Qualified To Do Business in Florida 12122
1 .	colins of	. 1-	June, 3, 2014
70		fusvine, FL	117-10201/11
3 7-	Country Zip	Country	
32-	<u> 100 D.S.A. 32</u>	780 1).s.A L	7. CERTIFCATE OF STATUS DESPRED
	8. Name and Address of Currer	t Registered Agent	
Name	(1) Marion - 0 (1)	01001	
Street Ad	tress (P.O. Box Number is Not Acceptable) Suite	Pare	
	301 Mesediu	way	
Apt #.	Etc.		
City			
07	THUSTILLA	State Zip Code	
9 1 50	<u> </u>	- - 0 4 / 0 0	
	ing appointed the registered agent of Ahe above named t	inner naturity company, am ramatar with and accept	the obligations of Chapter 605, F.S.
Signature Registere	10:01	rimeo liausily company, am familiar with and accept	01 15 101
Signature	e of rd Agent	AGENT LILIST SIGN	the obligations of Chapter 605, F.S. Date
Signature Registere	e of rd Agent) AGENT MUST SIGN	Date 01-18-19
Signature Registere	rs and Street Addresses of Authorized Representatives/M	AGENT MUST SIGN anagers Street Address of Each	Date 01-18-19 20032470332 02/12/13-0013-003 +*238.75
Signature Registere 10. Name	rd Agent REGISTERE PS and Street Addresses of Authorized Representatives/M) AGENT LIFLIST SIGN Briagers	Date 01-18-19
Signature Registere 10. Name	REGISTERE PS and Street Addresses of Authorized Representatives/M Name of Authorized Representatives/ Managers	D AGENT MUST SIGN anagers Street Address of Each Authorized Representative/	Date 01-18-19 20032470332 02/12/13-0013-003 +*238.75
Signature Registere 10 Name Titles	REGISTERE PS and Street Addresses of Authorized Representatives/M Name of Authorized Representatives/ Managers	AGENT MUST SIGN anagers Street Address of Each Authorized Representative/ Manager	Date 01-18-19 20032470332 02/12/13-0013-003 +*238.75
Signature Registere 10 Name Titles	REGISTERE PS and Street Addresses of Authorized Representatives/M Name of Authorized Representatives/ Managers	AGENT MUST SIGN anagers Street Address of Each Authorized Representative/ Manager	Date 0 - 8 - 19 - 19 - 19 - 19 - 15 - 15 - 15 - 15
Signature Registere 10 Name Titles A R	REGISTERE PS and Street Addresses of Authorized Representatives/M Name of Authorized Representatives/ Managers RCJENSSC. K. PCU	AGENT MUST SIGN anagers Street Address of Each Authorized Representative/ Manager LU-371 MESCLITH 10	Date 01-18-19 20032470332 02/12/13-0013-003 +*238.75
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Signature Registere 10. Name Titles A R MGR 11. E- mail 12. I certify that 605,0012.	REGISTERE The sand Street Addresses of Authorized Representatives/Managers Registere Representatives/Managers Registere Name of Authorized Representatives/Managers Registere Name of Authorized Representatives/Managers Registere Name of Authorized Representatives/Managers Name of Authorized Representatives/Managers Registere Registere Name of Authorized Representatives/Managers Registere Registere Registere Name of Authorized Representatives/Managers Registere R	AGENT MUST SIGN anagers Street Address of Each Authorized Representative/ Manager LU-371 M ESCL III III III LICENSTRUCTION (To be used for future annual report nonfactions) the receiver or trustee empowered to execute this or dissolution has been eliminated, the limited liak	Date O1-18-19 27/19/19-19/19-19/18-19/18 City/state/Zip Titusville FL 32780 application as provided for in Chapter 605, F.S. I further birty company name satisfies the requirement of section
Signature Registere 10. Name Titles Out Total A R 11. E-mail 12. I certify that 605.0012, shall have letony as p	Address: The Persentative manager or when filing this reinstatement application the reason F.S., and that all lees owed by the limited liability con the same legal effect as if made under oath. I am away worded for in s. 817.155, F.S.	AGENT MUST SIGN anagers Street Address of Each Authorized Representative/ Manager L-371 M ESCL I L II II II II II II II II I	application as provided for in Chapter 605, F.S. I further bitty company name satisfies the requirement of section in this application is true and accurate, and my signature to the Department of State constitutes a third degree
Signature Registere 10 Name Titles OUTON Titles OUTON Titles 11. E- mail 12. I certify that 605,0012, shall have felony as properties of the control	REGISTERE The sand Street Addresses of Authorized Representatives/Managers Registere Representatives/Managers Registere Name of Authorized Representatives/Managers Registere Name of Authorized Representatives/Managers Registere Name of Authorized Representatives/Managers Name of Authorized Representatives/Managers Registere Registere Name of Authorized Representatives/Managers Registere Registere Registere Name of Authorized Representatives/Managers Registere R	AGENT MUST SIGN anagers Street Address of Each Authorized Representative/ Manager LU-371 M ESCA IH 10 III III III III III III III	Date O1-18-19 27/19/19-19/19-19/18-19/18 City/state/Zip Titusville FL 32780 application as provided for in Chapter 605, F.S. I further birty company name satisfies the requirement of section