

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

2015-2016



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L14000098362

1. Limited Liability Company's Name

Lq Cocinita Cubana LLC

2. Principal Office Address - No P.O. Box #

113 Central Dr. P.O. box 484

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Brandon FL.

City & State

Brandon FL.

Zip

33510

Country

US

Zip

33509

Country

US

8. Name and Address of Current Registered Agent

Name

Dorcas Miller

Street Address (P.O. Box Number is Not Acceptable) Suite

113 Central Dr.

Apt. #, Etc.

City

Brandon

State

FL

Zip Code

33510

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

REGISTERED AGENT MUST SIGN

Date

9/16/16

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

Owner

Dorcas Miller

113 Central Dr.

Brandon FL 33510

11. E-mail Address:

dorcas.faron@hotmail.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

Date

9/16/16

Daytime Phone #

813-786-1338

Typed or printed name of signing authorized representative/member