

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L14000137315**

1. Limited Liability Company's Name

Venezia 2881, LLC

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

1717 N. Bayshore Dr.

Suite, Apt. #, etc.

3839

City & State

Miami, FL

Zip

33132

Country

US

3. Mailing Office Address

1717 N. Bayshore Dr.

Suite, Apt. #, etc.

3839

City & State

Miami, FL

Zip

33132

Country

US

8. Name and Address of Current Registered Agent

Name

Torres + Vadillo LLP

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

11402 NW 41 Street

Apt. #, Etc.

202

City

Doral

State

FL

Zip Code

33178

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

X

REGISTERED AGENT MUST SIGN

Date

9/27/14

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	Juan Marini	1717 N. Bayshore Dr, 3839	Miami, FL 33132
MGR	Cristina Parra	1717 N. Bayshore Dr. 3839	Miami, FL 33132

S. HAWKES

OCT 5 A.M.

EXAMINER

11. E-mail Address

corporations@torresvadillollp.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

X

Date

9/27/14

Daytime Phone #

305-485-9700

Typed or printed name of signing authorized representative/member