

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2020 JAN -1 PM 3:47

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSDIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L14000160720

1. Limited Liability Company's Name

Villashio, LLC

300337960393
01/10/20--01002--002 **\$500.00300337960393
01/10/20--01002--001 **\$193.75300337960393
12/12/19--01016--011 **\$236.75

CR2E041 (1/14)

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

2107 WILEY CT.

3. Mailing Office Address

Same as Principal

Suite, Apt #, etc

Suite, Apt #, etc

City & State

HOLLYWOOD, FL

City & State

Zip

33020

Country

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10/15/14

6. FEI Number

47-2078833

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

Edtandra Soren

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

2107 Wiley Ct.

Apt #, Etc

City
Hollywood

State

FL

Zip Code

33020

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

Willie Collins

Date 11/13/19

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
MGR	Willie Collins		

T MOORE
JAN 09 2020

11. E-mail Address: punchbeats@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

Willie Collins

Date

11/13/19

Daytime Phone #

478-214-2284
404-671-7380

Typed or printed name of signing authorized representative/member

Willie Collins

ink to update each call