

L14000189030

PLEASE READ ALL INSTRUCTIONS

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2024 OCT 29 PM 1:57

5.0012, 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.

DOCUMENT #

1. Limited Liability Company's Name

Flawless Mobile Detailing LLC.

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

4010 NE 2nd ter

Suite, Apt. #, etc.

3. Mailing Office Address

4010 NE 2nd ter

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

Zip

33064

Country

USA

Zip

33064

Country

USA

8. Name and Address of Current Registered Agent

Name

Jonathon M Da Silva

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

4010 NE 2nd ter

Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33064

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

47-3501654

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

CR2E041 (1/14)

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

10/25/24

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
CEO	Jonathon M Da Silva	4010 NE 2nd ter	Pompano Beach, FL, 33064
VP	Gislayne M Lana	4010 NE 2nd ter	Pompano Beach, FL, 33064

11. E-mail Address

Flawlessmd.11c@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 5.0012, 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

10/25/24

Daytime Phone #

954-599-0533

Typed or printed name of signing authorized representative/member

Jonathon Da Silva