

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2016 OCT 11 AM 8:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L15000037078

1. Limited Liability Company's Name

Trent Boyett, LLC

2. Principal Office Address - No P.O. Box #  
2700 Granada Blvd

Suite, Apt. #, etc.

City & State  
Coral Gables, FL

Zip  
33134

Country  
USA

3. Mailing Office Address  
2700 Granada Blvd

Suite, Apt. #, etc.

City & State  
Coral Gables, FL

Zip  
33134

Country  
USA

CR2E041 (1/14)

4. State/Country of Formation  
FL/USA

5. Date Organized or Qualified  
To Do Business in Florida 2/27/2015

6. FEI Number  
47-3288657

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  
John Schlesinger

Street Address (P.O. Box Number is Not Acceptable) Suite,  
2700 Granada Blvd

Apt. #, Etc.

City  
Coral Gables

State  
FL

Zip Code  
33134

100291127771  
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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

*[Signature]*

Date 10/04/2016

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
AR	John Schlesinger	2700 Granada Blvd	Coral Gables, FL 33134
MGR	Marilyn Milian	2700 Granada Blvd	Coral Gables, FL 33134

REINSTATEMENT

OCT 11 2016

R. HUNT

11. E-mail Address: judges2@me.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

*[Signature]*

Date 10/04/2015

3053331829

Daytime Phone #

Typed or printed name of signing authorized representative/member

John Schlesinger