

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2021 SEP 20 PH 3:44

SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # L15000076692
Limited Liability Company's Name
TRUST TAX AND SERVICES LLC

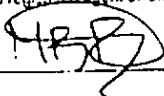
Principal Office Address - No P.O. Box # 6811 PEMBORKE ROAD		3. Mailing Office Address 6811 PEMBROKE ROAD	
Suite Apt. #, etc.		Suite Apt. #, etc.	
City & State PEMBROKE PINES, FL		City & State PEMBROKE PINES, FL	
Zip 33023	Country	Zip 33023	Country

8. Name and Address of Current Registered Agent			
Name MIRLENE RICHARDSON			
Street Address (P.O. Box Number is Not Acceptable) Suite 5713 HOLLYWOOD BLVD			
Apt. # Etc.			
City HOLLYWOOD	State FL	Zip Code 33021	

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida 04/03/2015	
6. FEI Number 87-2635036	Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a certificate of status	

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09/20/21--01018--003 **957.50

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.

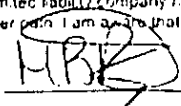
Signature of Registered Agent  Date 09/15/2021

REGISTERED AGENT MUST SIGN

1. Names and Street Addresses of Authorized Representatives/Managers			
Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	MIRLENE RICHARDSON	5713 HOLLYWOOD BLVD	HOLLYWOOD, FL 33021

Home Address _____
(To be used for future annual report notifications)

I certify that I am an authorized representative/manager of 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 605.01, 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 has 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 under s. 817.155, F.S.

Authorized Representative/Manager  Date 09/15/2021 Daytime Phone # _____

Print name of signing authorized representative/manager _____