

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

1 of 2

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2019 DEC -3 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L15000145085

1. Limited Liability Company's Name

MOTOR CONNECTION, LLC

300396927213
11/12/19--01023--001 *\$55.00

CR2E041 (1/14)

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

10773 NW 58th Street

3. Mailing Office Address

10773 NW 58th Street

Suite, Apt. #, etc

Ste. 555

Suite, Apt. #, etc.

Ste. 555

City & State

Doral, FL

City & State

Doral, FL

Zip

33178

Country

US

Zip

33178

Country

US

4. State/Country of Formation

Florida, US

5. Date Organized or Qualified
To Do Business in Florida

08/24/2015

6. FEI Number

84-3579981

☐ 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

Katherine Segura

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

747 Michigan Avenue

Apt. #, Etc

Apt. 105

City

Miami

State

FL

Zip Code

33139

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 **11/05/2019**

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	Katherine Segura	747 Michigan Avenue Apt. 105	Miami, FL 33139

Handwritten signature and date 11/12/19

11. E-mail Address **sales@motor-connection.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

Date **11/05/19**

Daytime Phone # **954993-6772**

Typed or printed name of signing authorized representative/member

Katherine Segura

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Victor Genao
3914 Cherry Lane
Weston, FL 33332

Attn:

Vincent Smith

Division of Corporations

Registration Section

PO Box 6327

Tallahassee, FL 32314

Ref: Document #: L19000137202

To Whom it May Concern,

I, Victor Genao, am writing to confirm that I will not be revoking the Voluntary Dissolution Filed on October 15, 2019 for Motor Connection LLC.

I have no intention to reinstate this account.

Feel free to contact me with any questions using the information below

(954) 993-6772

Sales@motorconnection.com

Thank you.



Victor Genao