

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 OCT 07 AM 0:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L15000186556

1. Limited Liability Company's Name

TLRT TALENT MANAGEMENT LLC

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

407 Lincoln Road

Suite, Apt. #, etc.

11-C

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

3. Mailing Office Address

407 Lincoln Road

Suite, Apt. #, etc.

11-C

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

CR2ED41 (1/14)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

11/03/2015

6. FEI Number

81-1070000

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

TONIUTTI, GIANNI

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

407 LINCOLN ROAD

Apt. #, Etc.

11-C

City

MIAMI BEACH

State

FL

Zip Code

33139

400291036334

10/07/16--01024--018 **238.75

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 10/04/2016

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	TONIUTTI, GIANNI	407 LINCOLN ROAD, 11-C	MIAMI BEACH, FLORIDA, 33139

11. E-mail Address: gianni.toniutti@tlrtlaw.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

10/04/16

Daytime Phone #

3055340420

Typed or printed name of signing authorized representative/member

GIANNI TONIUTTI