PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

2023 OCT 30 AM 8:33

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

100418158941
10/30/23--01001--009 **1210.00

DOCUMENT # L15000192210

1 Limited Liability Company's Name
GOLOCO LLC

CR2E041 (1/14)

2 Principal Office Address - No P.O. Box #	3 Mailing Office Address
16850 Collins Ave #112-306	16850 Collins Ave #112-306
Suite Apt. # etc	Suite Apt. # etc
City & State: Sunny Isles Beach, Florida	City & State: Sunny Isles Beach, Florida
Zip: 33160 Country: United States	Zip: 33160 Country: United States

4 State/Country of Formation: Florida

5 Date Organized or Qualified To Do Business in Florida: 11/17/2015

6 FEI Number: 47-5622038 ☐ 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: Ron Goldring

Street Address (P.O. Box Number is Not Acceptable) Suite: 16850 Collins Ave #112-306

Apt. # Etc.

City: Sunny Isles Beach | State: FL | Zip Code: 33160

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: Ron Goldring Date:

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
MBR	Ron Goldring	16850 Collins Ave #112-306	Sunny Isles Beach, Florida 33160
MBR	Jacob Lowenthal	6520 Platt Ave #804	West Hills, California 91307

11 E-mail Address: Amy@usacpa.eu
(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: RG Date: 8-21-23 Daytime Phone #: 818-724-9990

Typed or printed name of signing authorized representative/member: Ron Goldring

A. PARISHANI

OCT 30 2023