

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

J DEBNTS

AUG 07 2024

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L16000045645

1 Limited Liability Company's Name

DEVOUR LLC

800435478378

08/27/24--01021--029 \*\*710.00

CR2EC41 (1/14)

2 Principal Office Address - No P.O. Box #  
3300 BISCAYNE BLVD

Suite Apt # etc:

A3

City & State

MIAMI FL

Zip

33137

Country

USA

3. Mailing Office Address

P.O. BOX 370335

Suite Apt # etc:

City & State

MIAMI FL

Zip

33127

Country

USA

4. State/Country of Formation

FL/USA

5 Date Organized or Qualified  
To Do Business in Florida

3/4/16

6 FEI Number

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

JOANA MARQUEZ

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

3300 BISCAYNE BLVD

Apt # Etc

#A3

City

MIAMI

State

FL

Zip Code

33137

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 SIGN

Date

8-9-24

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
	JOANA MARQUEZ	3300 BISCAYNE BLVD #A3	MIAMI, FL 33137

11 E-mail Address

DEVOUR.LIFESTYLE@GMAIL.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

8/9/24

Daytime Phone #

813.477.3734

Typed or printed name of signing authorized representative/member