PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2024 14 PM 3:44

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DOCUMENT # L16000171722

1. Limited Liability Company's Name
mylo Group LLC

2. Principal Office Address - No P.O. Box #
8786 Christie Dr
Suite, Apt. #, etc.
City & State
Largo, FL
Zip 33771
Country

3. Mailing Office Address
Same
Suite, Apt. #, etc.
City & State
Zip
Country

4. State/Country of Formation
Florida / Pinellas

5. Date Organized or Qualified To Do Business In Florida
9/14/16

6. FEI Number
81-3861942
☐ 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
—Rose Ann Guidi
Street Address (P.O. Box Number is Not Acceptable) Suite,
8786 Christie Dr
Apt. #, Etc.
City
Largo
State FL
Zip Code 33771

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 X [signature] Date 3/1/24
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
AMBR	Rose Ann Guidi	8786 christie Dr	Largo, Fl 33771
Ambr	Vincent Guidi	8786 christie Dr	Largo, FL 33771

11. E-mail Address: redrosie118@aol.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 X- [signature] Date 3-1-24 Daytime Phone # ____________

Typed or printed name of signing authorized representative/member Rose Ann Guidi