PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

2021 FEB -5 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FL

900359663259

02/05/21 01013 015 $793.75

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT # L17000011860

1. Limited Liability Company's Name
E. L.C. llc

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
212 E. Hillsboro Blvd.	po box 269
Suite, Apt. #, etc.	Suite, Apt. #, etc.
269	269
City & State	City & State
Deerfield Beach	Deerfield Beach
Zip / Country	Zip / Country
33441 / USA	33443 / USA

4. State/Country of Formation
Florida USA

5. Date Organized or Qualified To Do Business in Florida 1 - 5 - 2017

6. FEI Number
37-1847639
☐ 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
J. Rodriguez

Street Address (P.O. Box Number is Not Acceptable) Suite,
212 E. Hillsboro Blvd.

Apt. # Ste.
?

City: Deerfield Beach | State: FL | Zip Code: 33441

DC 04/22/21

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 _____ Date 2-1-2021

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
MGR	J Rodriguez	PO Box 269	Deerfield Beach, FL 33443
AR	Jost Rodriguez	PO Box 269	Deerfield Beach, FL 33443

11. E-mail Address: Jreguez1@gmail.com
(To be used for future annual report notification)

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 15.0012, 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 2-1-2021 Daytime Phone # 561-396-5102

Typed or printed name of signing authorized representative/member J. Rodriguez