LIMITED LIABILITY						
COMPANY						
REINSTATEMENT						



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

000027546 DOCUMENT #

1. Limited Liability Company's Name

CIVILET TO THE RELIEVED

2023 APR 21 PH 12: 40

	KALON LL				000407150720 04/21/2301009029 ++516.25
200 Suite, Apt. 10 City & State SA Zip 327	NFORD FZ Country USA 8. Name and Address of MARILYN RIV 1555 (P.O. Box Number is Not Acceptable) Suite BUG MCK	Suite, Apt. #, etc City & State Del + ona Zip 32725 of Current Registered Ag	FL Country USA	5.	CR2E041 (1/14) State/Country of Formation FLORIDA - USA Date Organized or Qualified To Do Business in Florida 2 03 2017 FEI Number 8 -5261735 CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a certificate of status
Gity - 9. I, bein		ve named limited liability co	State Zip Cook FL 32 7 2	25	he obligations of Chapter 605, F.S.
Registered 10. Names	and Street Addresses of Authorized Represe	REGISTERED AGENT MUST SI			Date
Titles	Name of Authorized Representatives/ Managers		Street Address Authonzed Repri Manage	esentative/	City / State / Z _{IP}
MGR	MARILYN RIVE	RA 816	M ^C Kennu	1Ave	Deltona, FI 32725
	REINS				高麗祖
					R. HUNT
11. E-mail		(To be us	X 4052 ed for future annual report	nonfications	mailicom
605,0012, shall have felony as p Signature	F.S., and that all fees owed by the limited	disability company have be ath. I was aware that false in	reas oeen einimateo, i en paid. The informatio nformation submitted in	ne iimted na on indicated na documen	application as provided for in Chapter 605, F.S. I further bility company name satisfies the requirement of section on this application is true and accurate, and my signature at to the Department of State constitutes a third degree 12023 Daytime Phone # 3215014052