

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L17000139473

Limited Liability Company's Name
EA LLC

200367201732
05/27/21--01018--002 **500.00

200367201732
05/27/21--01018--003 **155.00

1. Principal Office Address - No P.O. Box # 3005 MIDLAND PLACE		3. Mailing Office Address	
2. Suite, Apt. #, etc.		Suite, Apt. #, etc.	
4. City & State MIRAMAR, FL		City & State MIRAMAR, FL	
5. Zip 33025	Country USA	Zip MIRAMAR, FL	Country USA

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 6/28/2017	
6. FEI Number 82-2009329	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent			
Name RHONNY ALEX			
Street Address (P.O. Box Number is Not Acceptable) Suite 3005 MIDLAND PLACE			
Apt. #, Etc.			
City MIRAMAR	State FL	Zip Code 33025	

CR2E041 (1/14)

WHITE

JUN 29 2021

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 5/24/21
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	RHONNY ALEX	3005 MIDLAND PLACE	MIRAMAR, FL 33025

11. E-mail Address: rhonny.alex@gmail.com

12. I certify that I am an authorized representative/ manager or the receiver of 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 5/24/2021 Daytime Phone # 954-997-3216