PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

2022 OCT 7 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FL

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L17000181408

1. Limited Liability Company's Name

Serur Development, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1242 S Pine Island Rd		1242 S Pine Island Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Apt # 610		Apto # 610	
City & State		City & State	
Plantation, Florida		Plantation, Florida	
Zip	Country	Zip	Country
33324	USA	33324	USA

CR2E041 (1/14)

4. State/Country of Formation: Florida, USA

5. Date Organized or Qualified To Do Business In Florida: 09/18/2017

6. FEI Number: 82-2814428 ☐ 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: Victor Serur

Street Address (P.O. Box Number is Not Acceptable) Suite,: 1242 S Pine Island Rd

Apt. #, Etc.: Apt # 610

City: Plantation | State: FL | Zip Code: 33324

REINSTATEMENT 2022

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 10/04/2022

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	Victor Serur	1242 S Pine Island Rd, Apt # 610	Plantation, FL 33324
MGR	Emily Perez	1242 S Pine Island Rd, Apt # 610	Plantation, FL 33324

11. E-mail Address: vserur@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 10/04/2022 Daytime Phone # 786 449 7348

Typed or printed name of signing authorized representative/member Victor Serur