## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIA COMPAI REINSTATE	NY	FLORIDA DEPART Secretary of DIVISION OF COR	State	201	FILED 19 MAR 12 AM 9:	55	
1 Limited Liability Com	# L18000088238 mpany's Name STMENTS 1, LLC			I	THE PAR OF SM		
2. Prinopal Office Add		3. Mailing Office Address		03/1	2003996260 37190100600 CR2504 (1/14)	1595 2 **238.75	
2199 PONCE DE LEON BLVD.  Suite, Apt #, etc  SUITE 301  City & State		2199 PONCE DE LEON BLVD.  Suite. Apt. #, etc. SUITE 301		4. State/Country of Formation FLORIDA  5. Date Organized or Qualified To Do Business in Florida 04/11/2018			
CORAL GABLES, FL		CORAL GABLES, FL		6. FEI Number Applied For			
Zip 33134	Country	<sup>Zip</sup> 33134	Country	7 CERTIFICATE OF	F STATUS DESIRED Tor a co	Not Applicable Additional Fee required entificate of status	
2199 PONCE DE Apt # Etc SUITE 301 City CORAL GABLES	S the registered agent of the abo	ove named limited liability.com		cept the obligations	s of Chapter 605, F S	18/19	
10 Names and Street	Addresses of Authorized Represe	REGISTERED AGENT MUST SIGN	· · · · · · · · · · · · · · · · · · ·	<del></del> _			
Titles	Name of Street Address of E. Authonzed Representatives/ Authonzed Represen		Street Address of Each Authorized Representativ Manager	ve/	City / Sta	ate / Zip	
MGR CARLOS GODOY		2199 F	2199 PONCE DE LEON BLVD., 301		CORAL GABLES, FL 33134		
				Y SULKER			
					MAR 1 3 2019		
11. E- mail Address D	DJS@SIRULNIKLAW.	<del></del>					
605.0012, F.S., and the		nanager or the receiver or frust the reason for dissolution has diability company bave been	s been eliminated, the limiter paid. The information indica rmation submitted in a docur	this application as diability company	y name satisfies the requirem ation is true and accurate, and itment of State constitutes a t	nent of section	

Typed or printed name of signing authorized representative/member CARLOS GODOY