

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM


FILED

2022 JAN -5 AM 8:27

SECRET
FALL 2020 RELEASE

600879069596

CR2E041 (1/14)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L18000131836

1. Limited Liability Company's Name

DHG BRICKELL, LLC

2. Principal Office Address - No P.O. Box #

200 WEST 55TH STREET

3. Mailing Office Address

200 WEST 55TH STREET

Suite, Apt. #, etc.

SUITE 42

Suite, Apt. # etc

SUITE 42

City & State

NEW YORK, NY

City & State

NEW YORK, NY

Zip

10019

Country

USA

Zip

10019

Country

USA

8. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable) Suite

1201 HAYS ST

Apt. #, Etc

City

TALLAHASSEE

State

FL

Zip Code

32301

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

Alien Wilson

Date 01/04/2022

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	SINGH, RABINDER PAL	200 WEST 55TH STREET SUITE 42	NEW YORK, NY 10019

11. E-mail Address:

(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., 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

/s/ Rabinder Pal Singh

Date

01/05/2022

Daytime Phone #

Typed or printed name of signing authorized representative/member

SINGH, RABINDER PAL

T. WILSON
JAN 05 2022