

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L18000250304

1. Limited Liability Company's Name
Sovereignty LLC

900868804009
06/23/21--01014--007 **\$15.25
CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 1314 E Las Olas Blvd Suite, Apt. #, etc suite 272 City & State Ft Lauderdale, FL Zip 33301 Country US		3. Mailing Office Address 1314 E Las Olas Blvd Suite, Apt. #, etc suite 272 City & State Ft Lauderdale, FL Zip 33301 Country US	
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4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 10/23/2018	
6. FEI Number 85-4384497	<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 Brittany Rossi			
Street Address (P.O. Box Number is Not Acceptable) Suite, 1314 E Las Olas Blvd			
Apt. #, Etc. 272			
City Ft Lauderdale		State FL	Zip Code 33301

R WHITE
AUG 21 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 05/21/2021

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	Brittany Rossi	1314 E Las Olas Blvd, 272	Ft Lauderdale, FL 33301

11. E-mail Address: Rentals@LondonLove.co

(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.