

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L20000008041

1. Limited Liability Company's Name
BLESSED CONSULTING OF SOUTH FLORIDA, LLC

2023 FEB 27 PM 2:27

20040347382
02/28/23 0.009--301 **685.00

CR2E041 (1/14) -

2. Principal Office Address - No P.O. Box # 14788 SW 39TH TERRACE Suite, Apt. #, etc.		3. Mailing Office Address 14788 SW 39TH TERRACE Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33185	Country US	Zip 33185	Country US
8. Name and Address of Current Registered Agent			
Name VEGA, VIVIAN			
Street Address (P.O. Box Number is Not Acceptable) Suite, 14788 SW 39TH TERRACE			
Apt. #, Etc.			
City MIAMI		State FL	Zip Code 33185

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida: 12/31/2019	
6. FEI Number 84-4154219	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

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

Vivian Vega

Date **02/21/2023**

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	VEGA, VIVIAN	14788 SW 39TH TERRACE	MIAMI, FL 33185
MGR	VEGA, GIOVANNY	14788 SW 39TH TERRACE	MIAMI, FL 33185

11. E-mail Address: **Vegaviviano@hotmail.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

Vivian Vega

Date

02/21/2023

Daytime Phone #

786 348 8718