

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L20000099418

1. Limited Liability Company's Name
MB Consulting Group LLC

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

10840 Kirkwall Port Dr

Suite, Apt. #, etc.

City & State

Wimauma, FL

Zip

33598

Country

US

3. Mailing Office Address

10840 Kirkwall Port Dr

Suite, Apt. #, etc.

City & State

Wimauma, FL

Zip

33598

Country

US

8. Name and Address of Current Registered Agent

Name

ZenBusiness, Inc.

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

336 E. College Ave.

Apt. #, Etc

Ste. 301

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

Khadijeh Hemmati

Date 07/24/2023

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
AMBR	Damian Lorenzo Marksman	3951 34th St South APT 4441 711	St Petersburg, FL 33
AMBR	Cameron Guilford Marksman	10840 Kirkwall Port Dr	Wimauma, FL 33598
		<i>Reinstatement 21-23</i>	

11. E-mail Address: RA@zenbusiness.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

Cameron Guilford Marksman

Date

07/24/2023

Daytime Phone #

8444936249

Typed or printed name of signing authorized representative/member

Cameron Guilford Marksman, Member

FILED

2023 AUG -7 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FL

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08/07/23--01042--001 **541.25

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

04/08/2020

6. FEI Number

85-0689382

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status