

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**2024 SEP -6 AM 10: 06**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**400436200000**

**DOCUMENT # L20000131025**

1. Limited Liability Company's Name

HUURR HOMES, LLC

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

2715 E. OAKLAND PARK BLVD.

3. Mailing Office Address

2705 BURRIS ROAD

Suite, Apt. #, etc.

SUITE 100

Suite, Apt. # etc.

UNIT 4A

City & State

FORT LAUDERDALE, FL

City & State

DAVIE, FL

Zip

33306

Country

USA

Zip

33314

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

05/14/2020

6. FEI Number

85-1112366

Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$5.00 Additional Fee required  
for a certificate of status**

8. Name and Address of Current Registered Agent

Name

FIRST CORPORATE SOLUTIONS, INC.

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

155 OFFICE PLAZA

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date **9/5/2024**

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	SHLIMBAUM, JAIME M	2705 Burris Road, Unit 4A	Davie, FL 33314
			C. LAWRENCE
			SEP - 9 2024

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. 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

*[Signature]*

Date **09/04/2024**

Daytime Phone # **(954)270-1121**

Typed or printed name of signing authorized representative/member **Jaime M. Shlimbaum**

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302  
155 Office Plaza Dr Ste A Tallahassee FL 32301  
PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 09/05/2024**

**NAME: HUURR HOMES, LLC**

**TYPE OF FILING: REINSTATEMENT**

**COST: 100.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

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