

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2022 JAN 27 PM 12:50

DOCUMENT # L20000260514

1 Limited Liability Company's Name

Raw Braids, LLC

2 Principal Office Address - No P.O. Box #  
2321 NW 6th Court

Suite Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33311

Country

United States

3 Mailing Office Address

Suite Apt. #, etc.

City & State

Zip

Country

CR2E041 (1/14)

4 State/Country of Formation

5 Date Organized or Qualified  
To Do Business in Florida

08/24/2020

6 FEI Number

☒

Applied For

☐

Not Applicable

7 CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required

8 Name and Address of Current Registered Agent

Name

James Agenor

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

2321 NW 6th Court

Apt. # Etc.

City

Fort Lauderdale

State

FL

Zip Code

33311

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 01/18/2022

REGISTERED AGENT MUST SIGN

10 Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MANAGER	James Agenor	2321 NW 6TH Court	Fort Lauderdale, FL, 33311

JAN 27 2022

R. HUNT

11 E-mail Address diondriapj@gmail.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

Date 01/18/2022

Daytime Phone # 310-819-6274

Typed or printed name of signing authorized representative/member