

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

L20000368862

1. Limited Liability Company's Name

ASYA LLC.

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

13818 Sunshowers Cir.

Suite Apt. # etc.

3. Mailing Office Address

13818 Sunshowers Cir.

Suite Apt. # etc.

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

Zip

Country

32828

USA

Zip

Country

32828

USA

8. Name and Address of Current Registered Agent

Name

MURAT UYGUN

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

Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 02/13/24

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
MGR	MURAT UYGUN	13818 Sunshowers Cir.	Orlando, FL 32828

11. E-mail Address

mngllc@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

02/13/24

Daytime Phone #

(407) 731-1632

100411020401
02/14/24--01/03--001 \$1500.00

100411020401
02/14/24--01/03--002 \$147.00

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

12/01/2020

6. FEI Number

85-4355239

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a certificate of status

02/13/24 02:16 PM

Reinstatement
22-24