

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L21000256953

1. Limited Liability Company's Name

NN & CO, LLC

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

23036 OXFORD PLACE

Suite, Apt. #, etc

C

City & State

BOCA RATON, FL

Zip

33433

Country

Palm Beach County

3. Mailing Office Address

23036 OXFORD PLACE

Suite, Apt. #, etc

C

City & State

BOCA RATON, FL

Zip

33433

Country

Palm Beach County

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

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

ALLAN DOYLE

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

175 FOUNTAINEBLEAU BLVD

Apt. #, Etc

1-B

City

MIAMI

State

FL

Zip Code

33172

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 Allan Doyle

Date 02/26/2024

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	NATALIA NAVARRO	CASTILLO, CARTAGENA COLOMBIA	CASTILLO, CARTAGENA COLOMBIA

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

Natalia Navarro

Date

02/27/2024

Daytime Phone #

9546832628

Typed or printed name of signing authorized representative/member

Natalia Navarro