

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L21000433454

1. Limited Liability Company's Name

SHEZA HER ZHANA E PANSION BOOKS LLC

900415901769  
09/18/23--01002--015 \*\*377.50

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

3. Mailing Office Address

4708 Woodville Hwy

CR2E041 (1/14)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1023

City & State

TRH, FL

City & State

Zip

Country

Zip

Country

32305

U.S

8. Name and Address of Current Registered Agent

Name

KABICA ZHANA E WILLIFORD

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

Apt. #, Etc.

1023

City

TRH

State

FL

Zip Code

32305

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

Kabica Zhanae Williford  
REGISTERED AGENT MUST SIGN

Date

9/18/23

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
<u>MEMBER</u>	<u>Kabica Williford</u>	<u>4708 Woodville Hwy 1023</u>	<u>TRH, FL 32305</u>

11. E-mail Address:

ZHANA E PANSION@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

Kabica Williford

Date

9/18/23

Daytime Phone #

(850) 274-8576

Typed or printed name of signing authorized representative/member

FILED  
 2023 SEP 18 AM 11:33  
 SECRETARY OF STATE  
 TALLAHASSEE, FL