

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L21000489144

1. Limited Liability Company's Name  
XENIA LLC

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

304 INDIAN TRACE

Suite, Apt. #, etc.

SUITE 507

City & State

WESTON, FL

Zip

33326

Country

USA

3. Mailing Office Address

304 INDIAN TRACE

Suite, Apt. #, etc.

SUITE 507

City & State

WESTON, FL

Zip

33326

Country

USA

8. Name and Address of Current Registered Agent

Name

WESTON CORPORATE ADMINISTRATION LLC

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

777 BRICKEL AVE.

Apt. #, Etc.

SUITE 500-96623

City

MIAMI

State

FL

Zip Code

33326

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

*Georgia Riley*  
REGISTERED AGENT MUST SIGN

Date 05/23/2024

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
MRGM	LUCIA A MASSALIN	304 INDIAN TRACE STE 507	WESTON FL 33326

11. E-mail Address: clientinfo@cpasweston.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

*Georgia Riley*

Date 05-23-2024

Daytime Phone # 954-278-8041

ED

PM 12:49

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

200491027177  
06/05/24--01008--028--16.25

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified  
To Do Business in Florida

11/09/2021

6. FEI Number

36-5002991

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a certificate of status