

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2025 FEB -3 PM 4:56

SECRETARY OF STATE  
TALLAHASSEE, FL

DOCUMENT # L22000389151

1. Limited Liability Company's Name  
AOREENNN SERVICES LLC

200443743782  
02/03/25--01006--002 \*\*177.00

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

2123 W HENRY AVE

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33603

Country

hillsborough

3. Mailing Office Address

2123 W HENRY AVE

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33603

Country

hillsborough

CR2E041 (1/14)

4. State/Country of Formation  
FLORIDA

5. Date Organized or Qualified To Do Business in Florida 09/06/2022

6. FEI Number  
92-0245304

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  
YASMANY CALA SOLANO

Street Address (P.O. Box Number is Not Acceptable) Suite,  
2123 W HENRY AVE

Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33603

REINSTATEMENT

2024-2025

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 01-29-2025

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
AMBR	YASMANY CALA SOLANO	2123 W HENRY AVE	TAMPA, FL 33603

M. WILLIAMS

FEB 4 2025

11. E-mail Address: yeyko8718@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

01-29-2025

Daytime Phone # (832) 805-9310