

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L22000426201

1 Limited Liability Company's Name

Audra Lynette LLC

2024 JUN 20 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500451935286

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 2914 Hope Valley Street		3. Mailing Office Address 2914 Hope Valley Street	
Suite, Apt. #, etc. Apt 2104		Suite, Apt. #, etc. Apt 2104	
City & State West Palm Beach, Florida		City & State West Palm Beach, Florida	
Zip 33411	Country United States	Zip 33411	Country United States

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 10/03/2022	
6. FEI Number NONE	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8 Name and Address of Current Registered Agent

Name Corporate Creations Network Inc.		
Street Address (P.O. Box Number is Not Acceptable) Suite, 801 US Highway 1		
Apt. # Etc.		
City North Palm Beach	State FL	Zip Code 33408

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

Estrella Tavaréz

Date 06/20/2024

REGISTERED AGENT MUST SIGN

By Estrella Tavaréz, Special Secretary

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
Member	Audra Davis	2914 HOPE VALLEY STREET APT 210	WEST PALM BEACH, FL 33411

11. E-mail Address partnerships-govdocs@corpcreations.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

Estrella Tavaréz

Date 06/20/2024

Daytime Phone #

561-694-8107

Typed or printed name of signing authorized representative/member

Estrella Tavaréz, Attorney-in-Fact

• L. BROWN •

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 06/20/2024

****WALK IN****

ENTITY NAME Audra Lynette LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

2024 JUN 20 PM 3:24
TALLAHASSEE, FLORIDA

RECEIVED

TOTAL OWED \$??

ACCOUNT #: I20160000072

E. R. H.