


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Secretary of State DIVISION OF CORPORATIONS

FILED

2024 MAY -1 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L22000436615

1. Limited Liability Company's Name

NONE4UALL4ME LLC

2. Principal Office Address - No P.O. Box # 7901 4TH ST N		3. Mailing Office Address 7901 4TH ST N	
Suite, Apt. #, etc STE 300		Suite, Apt. #, etc STE 300	
City & State St. Petersburg, FL		City & State St. Petersburg, FL	
Zip 33702	Country US	Zip 33702	Country US

CR2E041 (1/14)

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 10/10/2022	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" 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
Registered Agents Inc

Street Address (P.O. Box Number is Not Acceptable) Suite
7901 4TH ST N

Apt. # Etc
STE 300

City St. Petersburg	State FL	Zip Code 33702
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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 David Roberts Date 04/15/2024

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	Wong, Victor	12800 Cumberland Dr	Saratoga, CA 95070

S. FRANKLIN
MAY 3 - 2024

11. E-mail Address: FLfilings@registeredagentsinc.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 Robin Jones Date 04/15/2024 Daytime Phone # 307-200-2803

Typed or printed name of signing authorized representative/member Robin Jones

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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TALLAHASSEE, FLORIDA

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (813)436-5206

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LIMITED LIABILITY REINSTATEMENT
NONE4UALL4ME LLC

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S. FRANKLIN

MAY 3 - 2024