PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2024 OCT -3 PM 12:38

DOCUMENT # L23000015958

Limited Liability Company's Name
VALOR ON-SITE SERVICES LLC

2 Principal Office Address - No P.O. Box #
11 Bogey Dr

Suite, Apt. #, etc.

City & State
Winter Haven, FL

Zip: 33881 Country: USA

3 Mailing Office Address
11 Bogey Dr

Suite, Apt. #, etc.

City & State
Winter Haven, FL

Zip: 33881 Country: USA

CR2E041 (1014)

4 State/Country of Formation
FL

5 Date Organized or Qualified To Do Business in Florida 01/06/2023

6 FEI Number
☐ Applied For
☑ Not Applicable

7 CERTIFICATE OF STATUS DESIRED ☐

6 Name and Address of Current Registered Agent

Name
Rocket Lawyer Corporate Services LLC

Street Address P.O. Box Number is Not Acceptable) Suite
155 Office Plaza Drive, 1st Floor

Apt. # Etc

City: Tallahassee State: FL Zip Code: 32301

REINSTATEMENT
2024

8 Having been 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: [signature] Date 08/27/2024

REGISTERED AGENT MUST SIGN

9 Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AMBR	AUSTIN YZAGUIRRE	11 BOGEY DR.	WINTER HAVEN, FL 33881

OCT 3 2024
M. WILLIAMS

11 E-mail Address: Valoronsite@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 605.0013, 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: [signature] Date 08/27/2024 Daytime Phone # 863.608.1125

Typed or printed name of signing authorized representative/member: Austin Yzaguirre