

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

①

LIMITED LIABILITY
COMPANY



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JUL -3 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L96-470

1. Limited Liability Company's Name

PERARIO MANAGEMENT CONSULTANTS II
L.C

2. Principal Office Address

689 CYPRESS GREEN CIRCLE

Suite, Apt. #, etc.

City & State

Wellington, FL

Zip

33414

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

USA

5. Date Organized or Qualified
To Do Business in Florida

5/96

6. FEI Number

065-0663343

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

PARHAM TABRIZI

Name

689 Cypress Green Circle

Street Address (P.O. Box Numbers Not Acceptable)

Wellington

Suite, Apt. #, Etc.

Wellington, FL 33

City

State
FL

Zip Code

33414

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/27/2000

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|--------|--------------------------------------|---|----------------------|
| Name | PARHAM TABRIZI | 689 Cypress Green Circle | Wellington, FL 33414 |
| | | | |
| | | | |
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[Signature]

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of
Managing Member/Manager

[Signature]

Date

3/27/2000

Daytime Phone #

561-333-3834

Typed or printed name of signing Managing Member/Manager

Attachment Doc # L 96-470

Parham P. Tabrizi
689 Cypress Green Circle
Wellington, Florida 33414-6336
Phone: 561-333-3766
Fax: 561-333-8414
E-mail: pmcperformer@earthlink.net

(2)

Perario Management Consultants II, LLC

To: Department of State Phone: 850-487-6051
Division of Corporations

From: Parham P. Tabrizi Date: 03/28/00

Re: Reinstatement fees for above LLC Pages: One (1)
ID #: 65-0663343

CC: File

☒ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Dear Sir or Madam,

According to my phone conversation with a member of your staff, Mr. Slogan, I am herewith forwarding an explanation for my request to accept my delayed payment for the years 1998 and 1999.

I was told by Mr. Slogan to write this letter and indicate that despite my efforts to update my files, the Department of State had not changed my addresses since 1996, as a result of which I was never forwarded any of the letters pertaining to the annual report filings.

I am herewith enclosing a check for the amount of US\$ 427.50 to cover the fees for 1998 and 1999 (\$188.75 each)

and \$50.00 for the year 2000. $\$188.75 + \$188.75 + \$50.00 = \427.50

Your efforts and understanding are sincerely appreciated.

Respectfully,

Parham P. Tabrizi

