

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

2022 APR 20 PM 12:07

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M20000009396

1. Limited Liability Company's Name

Passco Cypress Creek MT, LLC

000386204640
04/20/22--01015--034 **377.50

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

2050 Main Street

3. Mailing Office Address

2050 Main Street

Suite, Apt. #, etc.

650

Suite, Apt. #, etc.

650

City & State

Irvine, California

City & State

Irvine, California

Zip

92614

Country

USA

Zip

92614

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

DELAWARE

5. Date Organized or Qualified
To Do Business in Florida

10/20/2020

6. FEI Number

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

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable) Suite,

1201 Hays Street

Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Jerome L. Suarez

Corporation Service Company
by Jerome L. Suarez, Assistant Secretary

Date 03/22/2022

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
President	Alan Clifton	2050 Main Street	Irvine, CA 92614

REINSTATEMENT

APR 20 2022

R. HUNT

11. E-mail Address vwhite@passco.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

Alan Clifton

Date

3.28.22

Daytime Phone #

949-263-7984

Typed or printed name of signing authorized representative/member Alan Clifton, President