

**2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L18000178199

**Entity Name:** 5963NW29ST, LLC

**Current Principal Place of Business:**

5963 NW 29 ST.  
SUNRISE, FL 33313

**Current Mailing Address:**

5963 NW 29 ST.  
SUNRISE, FL 33313 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WHITE, KEVISHA  
5963 NW 29 ST.  
SUNRISE, FL 33313 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** KEVISHA WHITE

10/17/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name            WHITE, KEVISHA  
Address        5963 NW 29 ST.  
City-State-Zip: SUNRISE FL 33313

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WHITE, KEVISHA

AMBR

10/17/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date