

2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L18000265728

Entity Name: WAKE "N" BAKE CAFE LLC**Current Principal Place of Business:**3343 SASSAQUIN COURT
ORLANDO, FL 32818**Current Mailing Address:**3343 SASSAQUIN COURT
ORLANDO, FL 32818 US**FEI Number:** 83-2581553**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BOYER, RONY
3343 SASSAQUIN CT
ORLANDO, FL 32818 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:** RONY BOYER

11/01/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name BOYER, RONY J
Address 3343 SASSAQUIN COURT
City-State-Zip: ORLANDO FL 32818

Title MGR
Name VOLTAIRE, KATHIA
Address PO BOX 618498
City-State-Zip: ORLANDO FL 32861

Title AMBR
Name BOYER SR, RONY
Address 3343 SASSAQUIN COURT
City-State-Zip: ORLANDO FL 32818

Title AMBR
Name BOYER JR, RONY
Address PO BOX 618498
City-State-Zip: ORLANDO FL 32861

Title AMBR
Name BOYER, KARON
Address PO BOX 618498
City-State-Zip: ORLANDO FL 32861

Title AMBR
Name VOLTAIRE, KATHIA
Address PO BOX 618498
City-State-Zip: ORLANDO FL 32861

Title AMBR
Name RENELIEN, SULETTE
Address PO BOX 618498
City-State-Zip: ORLANDO FL 32861

Title AMBR
Name FAUBLAS, TIARA
Address PO BOX 618498
City-State-Zip: ORLANDO FL 32861

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: RONY BOYER

MGR

11/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date