

**2022 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L20000365154

**Entity Name:** REEK LLC

**Current Principal Place of Business:**

6406 E FLOWER AVE  
SUITE C  
TAMPA, FL 33617

**Current Mailing Address:**

6406 E FLOWER AVE  
SUITE C  
TAMPA, FL 33617 US

**FEI Number:** 85-4141808

**Certificate of Status Desired:** No

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

ALAMI, HATIM  
11622 OSPREY POINTE BLVD  
CLERMONT, FL 34711 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:** HATIM ALAMI

07/26/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ALAMI, HATIM  
Address 8930 DODDINGTON WAY  
City-State-Zip: WINTER GARDEN FL 34787

Title MANAGER  
Name ALAMI, ACHRAF  
Address 7613 TOSCANA BLVD  
City-State-Zip: ORLANDO FL 32819

Title MANAGER  
Name SAID, ADIL  
Address 6406 E FLOWER AVE  
SUITE C  
City-State-Zip: TAMPA FL 33617

Title MANAGER  
Name SAID , AMINE  
Address 6406 E FLOWER AVE  
SUITE C  
City-State-Zip: TAMPA FL 33617

*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:** HATIM ALAMI

MANAGER

07/26/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date