

**2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L19000115111

**Entity Name:** SEIZING LIFE LIMITED LIABILITY COMPANY**Current Principal Place of Business:**725 MAPLE AVENUE  
PANAMA CITY, FL 32401**Current Mailing Address:**725 MAPLE AVENUE  
PANAMA CITY, FL 32401 US**FEI Number:** 84-1738244**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**TUBBS, LEUNDRA  
725 MAPLE AVENUE  
PANAMA CITY, FL 32401 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:** LEUNDRA TUBBS

05/05/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	DIRECTOR	Title	AUTHORIZED MEMBER, MANAGER
Name	TUBBS, LEUNDRA	Name	TUBBS, LEUNDRA
Address	725 MAPLE AVENUE	Address	725 MAPLE AVENUE
City-State-Zip:	PANAMA CITY FL 32401	City-State-Zip:	PANAMA CITY FL 32401
Title	AMBR		
Name	TUBBS, REGINALD		
Address	725 MAPLE AVENUE		
City-State-Zip:	PANAMA CITY FL 32401		

*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:** LEUNDRA TUBBS

MANAGER / DIRECTOR

05/05/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date