

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000019509

1. Entity Name

YOUR PLACE, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

802 East Laurel

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tampa, Florida

City & State

4. FEI Number 010739176

Applied For
Not Applicable

Zip
33602

Country
United States

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Spiegel & Utrera, P.A.

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

1840 Coral Way, 4th Floor

City Miami

FL Zip Code
33145

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Natalia Utrera Signature, typed or printed name of registered agent and title if applicable.

Natalia Utrera, Vice President

3-10-06

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRT Jakale S. Freeman
802 East Laurel
Tampa, Florida 33602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRS Julio E. Palau
802 East Laurel
Tampa, Florida 33602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

REINSTATEMENT 2005-2006

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

Jakale S. Freeman SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Jakale S. Freeman

3/7/06

Date

Daytime Phone #

FILED
2006 APR -4 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

DO NOT WRITE IN THIS SPACE

CR2E083B (12/02)

**AFFIDAVIT IN SUPPORT OF REQUEST TO
WAIVE THE FLORIDA DEPARTMENT OF STATE
COMPANY REINSTATEMENT FEES**

FILED
2006 APR -4 PM 3:58
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

STATE OF FLORIDA)
)
COUNTY OF HILLSBOROUGH)

1. Jakale S. Freeman is the Operating Manager of YOUR PLACE, LLC, a Florida Limited Liability Company, (hereinafter "Company").
2. That the Company was administratively dissolved by the Florida Department of State on 16 September 2005.
3. That the Company failed to file its 2005, 2006 Annual Report or pay the 2005, 2006 Annual Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:
 - 3.1 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Company; and,
 - 3.2 the written notice was never received by the Company or its Registered Agent that the Florida Department of State was commencing a procedure to administratively dissolve the Company.
4. The Company requests the Florida Department of State reinstate the Company upon the payment by the Company of its 2005, 2006 Annual Report fees and the filing of its 2005, 2006 Annual Reports, which are presented simultaneously with this Affidavit.
5. YOUR PLACE, LLC satisfies the requirements of the Florida Statutes 607.0401.
6. No further ground or grounds exist for the administrative dissolution of the Company.

Dated: 7th day of March, 2006

FURTHER, AFFIANT SAYETH NOT

YOUR PLACE, LLC

By: [Signature]
Jakale S. Freeman, Operating Manager



SWORN AND SUBSCRIBED
before me this 7th day of March, 2006

[Signature]
Notary Public, State of Florida and Large
Printed Name: Eric C. Staples
Commission Expires: 6/30/08