

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000022283

Entity Name: WANNABEAD, LLC

FILED
Nov 04, 2005
Secretary of State

Current Principal Place of Business:

2614 DURANT OAKS DR
VALRICO, FL 33594 US

New Principal Place of Business:

6704 E FOWLER AVE
TAMPA, FL 33617 US

Current Mailing Address:

2614 DURANT OAKS DR
VALRICO, FL 33594 US

New Mailing Address:

FEI Number: 20-0906750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONIQUE, HARLAND
2614 DURANT OAKS DR
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

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: MONIQUE HARLAND

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KARIN, ADAMS
Address: 2614 DURANT OAKS DR
City-St-Zip: VALRICO, FL 33594 US

Title: MGRM () Delete
Name: MONIQUE, HARLAND
Address: 2614 DURANT OAKS DR
City-St-Zip: VALRICO, FL 33594 US

Title: MGRM () Delete
Name: CHRISTOPHER, HARLAND
Address: 2614 DURANT OAKS DRIVE
City-St-Zip: VALRICO, FL 33594 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 608, Florida Statutes.

SIGNATURE: CHRISTOPHER HARLAND

MGRM

11/04/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date