

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000040833

**FILED**  
**Oct 11, 2006**  
**Secretary of State**

**Entity Name:** FOUNDATION FOR ENTREPRENEURIAL PROJECTS, LLC

**Current Principal Place of Business:**

3937 OVERLOOK DR. NE  
ST. PETERSBURG, FL 33703 US

**New Principal Place of Business:**

3410 W. PALMIRA AVE.  
TAMPA, FL 33629 US

**Current Mailing Address:**

3937 OVERLOOK DR. NE  
ST. PETERSBURG, FL 33703 US

**New Mailing Address:**

P.O. BOX 7283  
ST. PETERSBURG, FL 33734 US

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

BOSMAN, VICTORIA  
3937 OVERLOOK DR. NE  
ST. PETERSBURG, FL 33703 US

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

BOSMAN, VICTORIA  
3410 W. PALMIRA AVE.  
TAMPA, FL 33629 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: VICTORIA BOSMAN

10/11/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BOSMAN, VICTORIA  
Address: 3937 OVERLOOK DR. NE  
City-St-Zip: ST. PETERSBURG, FL 33703 US

Title: MGRM ( ) Delete  
Name: HENNING, FLORENCE  
Address: 3937 OVERLOOK DR. NE  
City-St-Zip: ST. PETERSBURG, FL 33703 US

Title: MGRM ( ) Delete  
Name: ROCKWELL, LACI  
Address: 3937 OVERLOOK DR. NE  
City-St-Zip: ST. PETERSBURG, FL 33703 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BOSMAN, VICTORIA  
Address: 3410 W. PALMIRA AVE.  
City-St-Zip: TAMPA, FL 33629 US

Title: MGRM (X) Change ( ) Addition  
Name: GONZALEZ, FERNANDO  
Address: 3410 W. PALMIRA AVE.  
City-St-Zip: TAMPA, FL 33703 US

Title: MGRM (X) Change ( ) Addition  
Name: SIDDIQUI, LACREASA  
Address: 3410 W. PALMIRA AVE.  
City-St-Zip: TAMPA, FL 33629 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: VICTORIA BOSMAN

MM

10/11/2006

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