

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000101660

Entity Name: A KID'S PLACE LLC

**FILED**  
**Oct 09, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

1135 PASADENA AVENUE SOUTH  
SAINT PETERSBURG, FL 33707 US

**New Principal Place of Business:**

8081 38TH AVE  
SAINT PETERSBURG, FL 33710 US

**Current Mailing Address:**

12788 PONSETTIA AVENUE  
SEMINOLE, FL 33776 US

**New Mailing Address:**

FEI Number: 20-3651606      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:**

SMITH, WALTER E  
757 ARLINGTON AVENUE NORTH  
SAINT PETERSBURG, FL 33701 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: WALTER SMITH

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BLOSS TUMARKIN, NANCY BETH  
Address: 1135 PASADENA AVENUE SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33707 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BLOSS TUMARKIN, NANCY BETH  
Address: 8081 38TH AVE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33710 US

I hereby certify that the information supplied with this filing does not qualify 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: NANCY BETH BLOSS TUMARKIN

MGR

10/09/2007

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