

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000063846

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Entity Name:** LOOSE CHANGE OSCORP, LLC

**Current Principal Place of Business:**

106 HANCOCK BRIDGE PKWY  
D15535  
CAPE CORAL, FL 33991

**New Principal Place of Business:**

**Current Mailing Address:**

2020 TOMAHAWK CIR  
CLEVELAND, TN 37312

**New Mailing Address:**

106 HANCOCK BRIDGE PKWY  
D15535  
CAPE CORAL, FL 33991

**FEI Number:** 20-5200498      **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:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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

OSBORNE, APRILE D  
106 HANCOCK BRIDGE PKWY  
CAPE CORAL, FL 33991 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: APRILE OSBORNE

02/17/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: OSBORNE, APRILE D  
Address: 17100 PRIMAVERA CIR  
City-St-Zip: CAPE CORAL, FL 33909

I hereby 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: APRILE OSBORNE

MGRM

02/17/2010

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