

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000004275

**FILED**  
**Oct 01, 2012**  
**Secretary of State**

**Entity Name:** GIFTED HANDS-4-GIFTED PEOPLE L.L.C.

**Current Principal Place of Business:**

105 LEWIS STREET  
SUITE 201  
FORT WALTON BEACH, FL 32547 US

**New Principal Place of Business:**

**Current Mailing Address:**

5175 PALMETTO AVE  
CRESTVIEW, FL 32539 US

**New Mailing Address:**

**FEI Number:** 35-2214753

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MARSH, CHRISTOPHER  
284 N EGLIN PARKWAY  
FORT WALTON BEACH, FL 32547 US

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

GOODWIN, LECRESIA Y  
5175 PALMETTO AVE  
CRESTVIEW, FL 32539 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: LECRESIA GOODWIN

10/01/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GOODWIN, LECRESIA  
Address: 105 LEWIS STREET SUITE 201  
City-St-Zip: FORT WALTON BEACH, FL 32547 US

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: LECRESIA GOODWIN

MGR

10/01/2012

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