

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000016051

FILED
Nov 20, 2009
Secretary of State

Entity Name: LEAPING FROGS HOSPITALITY GROUP, L.L.C.

Current Principal Place of Business:

12216 NW 48TH DRIVE
CORAL SPRINGS, FL 33076

New Principal Place of Business:

Current Mailing Address:

12216 NW 48TH DRIVE
CORAL SPRINGS, FL 33076

New Mailing Address:

FEI Number: 20-8910858 **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:

MCGEE & HUSKEY
2850 N ANDREWS AVENUE
FT. LAUDERDALE, FL, FL 33311 US

Name and Address of New Registered Agent:

MCGEE & HUSKEY
2850 N ANDREWS AVE
WILTON MANORS, FL 33311 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: DAVID HUSKEY

11/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ARMSTRONG, JAMES R JR
Address: 12216 NW 48TH DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: MGRM () Delete
Name: DERICKE, DANA M
Address: 12216 NW 48TH DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

ADDITIONS/CHANGES:

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 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: DANA DERICKE

MMBR

11/20/2009

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