

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000116282

**Entity Name:** GIFT OF LOVE LLC

**FILED**  
**Sep 14, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

315 CHRISTY ROAD  
MASCOTTE, FL 34753

**New Principal Place of Business:**

**Current Mailing Address:**

315 CHRISTY ROAD  
MASCOTTE, FL 34753

**New Mailing Address:**

**FEI Number:** 71-1005621

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILSON, LATORIA S OWNER  
315 CHRISTY ROAD  
MASCOTTE, FL 34753 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:** LATORIA WILSON

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

**Title:** MGR  
**Name:** WILSON, LATORIA  
**Address:** 315 CHRISTY ROAD  
**City-St-Zip:** MASCOTTE, FL 34753

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

**SIGNATURE:** LATORIA WILSON

MGR

09/14/2014

Electronic Signature of Authorized Person

Date