

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000122916

FILED
Oct 16, 2009
Secretary of State

Entity Name: SMART START PRE-PREP, LLC.

Current Principal Place of Business:

13801 MCCORMICK DRIVE
TAMPA, FL 33626

New Principal Place of Business:

Current Mailing Address:

13801 MCCORMICK DRIVE
TAMPA, FL 33626

New Mailing Address:

FEI Number: 26-1565571 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

RAGANO, ALINA
13801 MCCORMICK DRIVE
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

MACE, PAMELA K
13801 MCCORMICK DRIVE
TAMPA, FL 33626 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: PAMELA K. MACE

10/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CEO () Delete
Name: RAGANO, ALINA
Address: 8604 CHADWICKDRIVE
City-St-Zip: TAMPA, FL 33635

Title: PRES () Delete
Name: MACE, PAMELA
Address: 15572 BRISTOL CIRCLE EAST
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: MACE, PAMELA
Address: 15572 BRISTOL CIRCLE EAST
City-St-Zip: CLEARWATER, FL 33764

Title: CEO (X) Change () Addition
Name: RAGANO, ALINA
Address: 8604 CHADWICK DRIVE
City-St-Zip: TAMPA, FL 33635

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: PAMELA K. MACE

PRES

10/16/2009

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