

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000042377

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Entity Name:** LESLIE MANAGEMENT SERVICES, LLC

**Current Principal Place of Business:**

8908 MAGNOLIA CHASE CIRCLE  
TAMPA, FL 33647 US

**New Principal Place of Business:**

13143 PALMILLA CIRCLE  
DADE CITY, FL 33525 US

**Current Mailing Address:**

8908 MAGNOLIA CHASE CIRCLE  
TAMPA, FL 33647 US

**New Mailing Address:**

19046 BRUCE B. DOWNS BLVD.  
78  
TAMPA, FL 33647 US

**FEI Number:** 26-2501784

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LESLIE, BOWEN  
8908 MAGNOLIA CHASE CIRCLE  
TAMPA, FL 33647 US

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

LESLIE, BOWEN  
13143 PALMILLA CIRCLE  
78  
DADE CITY, FL 33525 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: BOWEN LESLIE

02/22/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LESLIE, BOWEN  
Address: 13143 PALMILLA CIRCLE  
City-St-Zip: DADE CITY, FL 33525 US

Title: MGRM  
Name: LESLIE, BETTY  
Address: 13143 PALMILLA CIRCLE  
City-St-Zip: DADE CITY, FL 33525 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: BOWEN LESLIE

MR.

02/22/2011

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