

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000056409

FILED
Oct 12, 2009
Secretary of State

Entity Name: GIANT LEAP LEARNING CENTER, LLC

Current Principal Place of Business:

3925 GRISSOM PARKWAY
COCOA, FL 32926

New Principal Place of Business:

Current Mailing Address:

3925 GRISSOM PARKWAY
COCOA, FL 32926

New Mailing Address:

FEI Number: 26-2778477 **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:

Name and Address of New Registered Agent:

CRAIG, PETRA A
4295 VANCOUVER AVENUE
COCOA, FL 32926 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: PETRA A. CRAIG

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: CRAIG, PETRA A
Address: 4295 VANCOUVER AVENUE
City-St-Zip: COCOA, FL 32926

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: CRAIG, RICHARD H
Address: 4295 VANCOUVER AVENUE
City-St-Zip: COCOA, FL 32926

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: BAUER, BRIDGETTE B
Address: 1002 OTTERBEIN AVENUE #1002
City-St-Zip: COCOA, FL 32926

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: PETRA A. CRAIG

MGR

10/12/2009

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