

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000071047

Entity Name: MINDS ASPIRE, LLC

**FILED**  
**Jan 02, 2013**  
**Secretary of State**

## **Current Principal Place of Business:**

4001 NEW BROAD CIR  
APT 303  
OVIEDO, FL 32765 US

## **New Principal Place of Business:**

1883 BRITLYN ALY  
ORLANDO, FL 32814 US

## **Current Mailing Address:**

4001 NEW BROAD CIR  
APT 303  
OVIEDO, FL 32765 US

## **New Mailing Address:**

1883 BRITLYN ALY  
ORLANDO, FL 32814 US

FEI Number: 27-0616779

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SPIRES, WADE H  
4001 NEW BROAD CIR  
APT 303  
OVIEDO, FL 32765 US

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

SPIRES, WADE H  
1883 BRITLYN ALY  
ORLANDO, FL 32814 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: WADE SPIRES

01/02/2013

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SPIRES, WADE H  
Address: 1883 BRITLYN ALY  
City-St-Zip: ORLANDO, FL 32814 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: WADE SPIRES

MGRM

01/02/2013

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