

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L10000039474

FILED
Apr 12, 2013
Secretary of State

Entity Name: DR. CYNTHIA PERRY MEMORIAL SCHOLARSHIP, LLC

Current Principal Place of Business:

503 W EDGWOOD AVE
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

PO BOX 26284
JACKSONVILLE, FL 32218

New Mailing Address:

400 CAPITAL CIRCLE SE #18114
TALLAHASSEE, FL 32301

FEI Number: 01-0954100

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGWOOD, ANTONIO S
7972 VENETIAN ST
MIRAMAR, FL 33023 US

Name and Address of New Registered Agent:

MAGWOOD, ANTONIO S
8108 SW 29TH ST, #903
MIRAMAR, FL 33025 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: ANTONIO MAGWOOD

04/12/2013

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: PERRY, DAVID
Address: 503 W EDGWOOD AVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: MGRM
Name: BOYD, ALICE F
Address: 503 W EDGEWOOD AVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: MGRM
Name: RILEY, JACQUELINE
Address: 7211 RHODE ISLAND DR EAST
City-St-Zip: JACKSONVILLE, FL 32209

Title: MGRM
Name: PERRY, DENAY
Address: 503 W EDGWOOD AVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: MGRM
Name: MAGWOOD, TRACY B
Address: 8108 SW 29TH ST, #903
City-St-Zip: MIRAMAR, FL 33025

Title: MGRM
Name: MAGWOOD, ANTONIO
Address: 8108 SW 29TH ST, #903
City-St-Zip: MIRAMAR, FL 33025

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: ANTONIO MAGWOOD

D

04/12/2013

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