

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000105381

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Entity Name:** PERFECT PUPILS, L.L.C.

**Current Principal Place of Business:**

656 SABAL LAKE DR  
APT 200  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

656 SABAL LAKE DR  
APT 200  
LONGWOOD, FL 32779

**New Mailing Address:**

**FEI Number:** 27-3344028

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARTSFIELD, KRISTIE A  
656 SABAL LAKE DR  
APT 200  
LONGWOOD, FL 32779 US

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

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:** KRISTIE HARTSFIELD

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** HARTSFIELD, KRISTIE A  
**Address:** 656 SABAL LAKE DR - APT 200  
**City-St-Zip:** LONGWOOD, FL 32779

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:** KRISTIE A HARTSFIELD

MS.

04/13/2012

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