

2015 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED
AND
FILED

DOCUMENT # L11000010242

1. Entity Name
STUSH GIRLS MAGAZINE L.L.C.



15 MAY -5 PM 1:22

Principal Place of Business
410 VICTORY GARDENS DR
#177
TALLAHASSEE, FL 32301 US

Mailing Address
410 VICTORY GARDENS DR
#177
TALLAHASSEE, FL 32301 US

SECRETARY OF STATE
TALLAHASSEE, FL 32301
700272617457
05/05/15--01029--008 **377.50



05052015 REIN-LLC CR2E101 (12/11)

4. FEI Number Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

2. Principal Place of Business - No P.O. Box #
400 CAPITAL CIR SE
Suite, Apt. #, etc.
Suite 18-253
City & State
Tallahassee FL
Zip
32301 Country
Leon

3. Mailing Address
400 CAPITAL CIR SE
Suite, Apt. #, etc.
18-253
City & State
Tallahassee FL
Zip
32301 Country
Leon

6. Name and Address of Current Registered Agent

WRIGHT, JACQUELINE A
410 VICTORY GARDENS DR
#177
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name
Wright Jacqueline A
Street Address (P.O. Box Number is Not Acceptable)
400 CAPITAL CIR SE
Suite 18-253
City
Tallahassee FL Zip Code
32301

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE 5/5/2015
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$238.75
After January 1, 2016, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	MGR	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WRIGHT, JACQUELINE A			NAME	Wright Jacqueline A		
STREET ADDRESS	410 VICTORY GARDENS DR #177			STREET ADDRESS	400 CAPITAL CIR SE		
CITY - ST - ZIP	TALLAHASSEE, FL 32301			CITY - ST - ZIP	Tallahassee FL 32301		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *[Signature]* DATE 5/5/2015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date E-MAIL ADDRESS