


# 2015 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L12000027135						<div style="font-size: 24px; font-weight: bold; margin-bottom: 5px;">FILED</div> <div style="font-size: 18px; margin-bottom: 5px;">15 OCT 28 AM 11:01</div> <div style="font-size: 12px; margin-bottom: 5px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> 	
1. Entity Name A LITTLE HEAVENS ACADEMY LLC				Principal Place of Business 2521 MAHAN DRIVE TALLAHASSEE, FL 32308			
Mailing Address 9438 WAKULLA SPRINGS ROAD TALLAHASSEE, FL 32305				2. Principal Place of Business - No P.O. Box #			
Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				10282015 REIN-LLC CR2E101 (12/11)			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
TOWNSEND, ALAN 9438 WAKULLA SPRINGS RD TALLAHASSEE, FL 32305				Name <u>Alison Aderhold</u>			
				Street Address (P.O. Box Number is Not Acceptable) <u>9438 Wakulla Spring Rd.</u>			
				<u>Tallahassee FL</u>			
				City <u>FL</u> Zip Code <u>32305</u>			
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 <u>Alison Aderhold</u> (NOTE: Registered Agent signature required when reinstating) DATE _____							
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOWNSEND, ALAN 9438 WAKULLA SPRINGS RD TALLAHASSEE, FL 32305 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Aderhold, Alison 9438 Wakulla Spring Rd. Tallahassee, FL 32305 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOWNSEND, ALISON 9438 WAKULLA SPRING RD TALLAHASSEE, FL 32305 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TOWNSEND, ALAN 9438 WAKULLA SPRING RD TALLAHASSEE, FL 32305 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	100278561771 10/28/15--01002--017 **238.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Alison Aderhold</u>							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date		E-MAIL ADDRESS	