

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L12000088379

FILED
Oct 02, 2013
Secretary of State

Entity Name: STANLEY'S ACADEMY OF EXCELLENCE, LLC

Current Principal Place of Business:

C/O ALTHEA STANLEY
3261 N.W. 65TH STREET
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

C/O DR. ALTHEA STANLEY
3261 N.W. 65TH STREET
FORT LAUDERDALE, FL 33309

Current Mailing Address:

C/O ALTHEA STANLEY
3261 N.W. 65TH STREET
FORT LAUDERDALE, FL 33309

New Mailing Address:

C/O DR. ALTHEA STANLEY
3261 N.W. 65TH STREET
FORT LAUDERDALE, FL 33309

FEI Number: 90-0758051

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STANLEY, ALTHEA
3261 N.W. 65TH STREET
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

STANLEY, DR. ALTHEA
3261 N.W. 65TH STREET
FORT LAUDERDALE, FL 33309 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: DR. ALTHEA STANLEY

10/02/2013

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PCEO
Name: STANLEY, DR. ALTHEA
Address: 3261 N.W. 65TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: VP
Name: SHAW, SHERMIKA D
Address: 1137 N.E. 17TH AVENUE, APT. 4
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: SEC
Name: WEBSTER, TASHIKA D
Address: 3261 N.W. 65TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: CPL
Name: REESE, DIANNE L
Address: 540 N.W. 4TH AVENUE, APT 702
City-St-Zip: FORT LAUDERDALE, FL 33311

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: DR. ALTHEA STANLEY

PCEO

10/02/2013

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