


# 2014 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L13000160175</b>		
1. Entity Name LOOSEKID LLC		

Principal Place of Business 1325 W THARPE ST APT 1234 TALLAHASSEE, FL 32303	Mailing Address 1325 W THARPE ST APT 1234 TALLAHASSEE, FL 32303
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2636 Mission Rd Lot 23	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Lot 23	
City & State		City & State Tallahassee, FL	
Zip	Country	Zip 32304	Country

09292014 REIN-LLC CR2E101 (12/11)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent OKUBOYEJO, RASHEED 1325 W THARPE ST APT 1234 TALLAHASSEE, FL 32303		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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  DATE 9/23/14  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$238.75 After January 1, 2015, Fee will be \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM OKUBOYEJO, RASHEED 1325 W THARPE ST APT 1234 TALLAHASSEE, FL 32303 <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
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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: 	9/23/14	DJisheed@gmail.com
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date</small>		<small>E-MAIL ADDRESS</small>

APPROVED  
FILED  
14 SEP 29 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

