

2016 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVAL
AND
FILED

16 MAR 31 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L13000160175

1. Entity Name
LOOSEKID LLC



Principal Place of Business
1325 W THARPE ST APT 1234
TALLAHASSEE, FL 32303

Mailing Address
2636 MISSION RD.
LOT 23
TALLAHASSEE, FL 32304

2. Principal Place of Business - No P.O. Box #

2636 Mission Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Lot 23

City & State
Tallahassee FL

City & State

Zip
32304

Country
U.S.A

Zip

Country

03312016 REIN-LLC CR2E101 (12/11)

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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 Rasheed Okuboyejo

Street Address (P.O. Box Number is Not Acceptable)

2636 Mission Rd

Lot 23

City Tallahassee

FL

Zip Code
32304

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

March 31st 2016

FILE NOW!!! FEE IS \$238.75
After January 1, 2017, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME OKUBOYEJO, RASHEED
STREET ADDRESS 1325 W THARPE ST APT 234
CITY-ST-ZIP TALLAHASSEE, FL 32303

☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM
NAME Okuboyejo Rasheed
STREET ADDRESS 2636 Mission Rd
CITY-ST-ZIP Tallahassee FL 32304

☒ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

E-MAIL ADDRESS

March 31st, 2016

book@loosekid@gmail.com

gmail.com