

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2024 AUG -8 AM 8:32

SECRETARY OF STATE
JENNIFER L. HASSER, FLORIDA

DOCUMENT

1. Limited Liability Company's Name

Exit Consulting LLC *Reinstatement 2022-24*2. Principal Office Address - No P.O. Box #
412 E Madison STSuite, Apt. #, etc.
Suite 813City & State
Tampa, FLZip
33602Country
USA3. Mailing Office Address
412 E Madison STSuite, Apt. #, etc.
Suite 813City & State
Tampa, FLZip
33602Country
USA

4. State/Country of Formation Florida

5. Date Organized or Qualified
To Do Business in Florida 06/26/2018

6. FEI Number

☒

Applied For

☐

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐\$5.00 Additional Fee required
for a certificate of status

8. Name and Address of Current Registered Agent

Name
LEGALINC CORPORATE SERVICES INC.Street Address (P.O. Box Number is Not Acceptable) Suite.
476 RIVERSIDE AVE.

Apt. #, Etc.

City
JACKSONVILLE

State

FL

Zip Code

32202

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent*Legalinc Corporate Services Inc*

Date 8/8/2024

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AMBR	Hulsey Ebanks	412 E Madison ST STE 1120	Tampa, FL 33602
AMBR	Celisia Ebanks	412 E Madison ST STE 1120	Tampa, FL 33602

11. E-mail Address: joe@maverickcapgrp.com

(To be used for future annual report notifications)

I, I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Hulsey Ebanks

Date 8/8/2024

Managing member

Daytime Phone #

Typed or printed name of signing authorized representative/member

Hulsey Ebanks

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: BROOK 8/8

CERTIFIED COPY

XX PHOTOCOPY

GS

XX FILING

REINSTATEMENT

1. EXIT CONSULTING LLC

(CORPORATE NAME AND DOCUMENT #)

2. File 1st
(CORPORATE NAME AND DOCUMENT #)

3.
(CORPORATE NAME AND DOCUMENT #)

4.
(CORPORATE NAME AND DOCUMENT #)

5.
(CORPORATE NAME AND DOCUMENT #)

6.
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

RECEIVED
2004 AUG 8 PM 3:00
TALLAHASSEE, FL
CORPORATE SERVICES