PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

C	ED LIABILITY OMPANY STATEMENT	, s	DEPARTMENT OF STATE (atherine Harris Secretary of State SION OF CORPORATIONS	99	F-11_E-D OCT 29 PM 12: 01	
DOCUMENT # 2 00 4 55					CRETARY OF STATE	
1 Limited I	iability Company's Name	1.71	1 . 1 . 1 +		LAHASSEE, FLORIDA	
Lea	dership Innova	tion lechno	logiès Enrichment,	1 c.		
4	ITE, Lc.			DEWC	TATEMENT AA	
2. Principal Office Address 3. Mailing C			ffice Address Box 66	REMSTATEMENT //		
	Apollo Beach Blud	Suite, Apt. #,			zed or Qualified	
	te L			I To Do Busir	less in Florida	
City & State		City & State	. F/	6. FEI Number	Applied	For
Zip	110 Beach, FI	R US A	Country		3 0 8 8 4 7 3 Not App	
335	Country USA	335		7. CERTIFICATE	OF STATUS DESIRED 12 S5 00 Add Internal Feet	regared status
·		8. 1	iame and Address of Current Registe	ered Agent		
	Name Calin Ha	coic A	banasa-			
	Name Colin Ha Street Address (P.O. Box Numb	er is Not Acceptable)	N			
	932 Bu Suite, Apt. #, Etc.	inter View	v Dr.			
					State Zip Code	
	City Apollo C	Beach			FL 33572	
9. I, being	appointed the registered agent of t	he above named limite	d liability company, am familiar with an	d accept the obligat	ons of Chapter 608, F.S.	2/6)
Signature of	_					18
		ni			Date 10-28-99	
Registered		REGISTERED AC	BENT MUST SIGN	· · · · · · · · · · · · · · · · · · ·	Date 10-28-99	8
Registered	Agent Columbia	REGISTERED AC	S			
Registered	Agent, Colin Ox	REGISTERED AC		ich nager	Date	
Registered .	es and Street Addresses of Managi Name of Managing Members/	REGISTERED AC	Street Address of Ea	nager		3572
10. Nams Titles	es and Street Addresses of Managi Name of Managing Members/	REGISTERED AC	Street Address of Ea Managing Member/Ma	nager Dv.	City / State / Zip Apollo Beach, F1 33	
10. Nams Titles	es and Street Addresses of Managi Name of Managing Members/	REGISTERED AC	Street Address of Ea Managing Member/Ma 932 Bunker Vie	nager Dv.	City/State/Zip Apollo Beach, F/33 10030473218 -11/17/9901061019	3
10. Nams Titles	es and Street Addresses of Managing Managing Members/	REGISTERED AC	Street Address of Ea Managing Member/Ma 932 Bunker Vie	nager Dv.	City / State / Zip Apollo Beach, F1 33	3
10. Nams Titles	es and Street Addresses of Managing Members/ Colin Harri AUTHORIZATION	REGISTERED AC	Street Address of Ea Managing Member/Ma 932 Bunker View	1 04	City/State/Zip Apollo Buck, F/33 1003047321	3
10. Nams Titles	Agent Columbia es and Street Addresses of Managing Name of Managing Members Colin Harri AUTHORIZATION AULHE MIN	REGISTERED AC	Street Address of Ea Managing Member/Ma 932 Bunker View	1 04	City/State/Zip Apollo Beach, F/33 DOBO 3047321	8
10. Nams Titles	Agent Columbia s and Street Addresses of Managi Name of Managing Members Colin Harri AUTHORIZATION AUTHORIZATION DATE 1-8-09	REGISTERED AC	Street Address of Ea Managing Member/Ma 932 Bunker View	1 04	City/State/Zip Apollo Beach, F/33 100304732111/17/9301061020	8
10. Name Titles MCK Manager 11. I certifiling thing thing thing thing the series of	Agent Street Addresses of Managing Name of Managing Members/ Colin Harri. AUTHORIZATION DATE 1-8-09 BOOC. EXAM. 49 BY that I am managing member/mathis reinstatement application the reiso owed by the limited liability comparate under oath.	Managers Manage	Street Address of Ea Managing Member/Ma 932 Bunker Vie To Trustee empowered to execute this as been eliminated, the limited liability cone information indicated on this application	pplication as provide moany name satisficon is true and accurrent	City / State / Zip Acc // Gest, F/ 33 1003047321 -11/17/99-01061-019 ****150.00 ****150.00 11/17/99-01061-020 *******5.00 ******5.00 *******5.00 *******5.00 acc for in chapter 608, F.S. I further certify that the same legal state, and my signature shall have the same legal	30 When d that effect
10. Name Titles MCK Manager 1. I certifiling thing thing the as if r	Agent Street Addresses of Managing Name of Managing Members/ Colin Harri. AUTHORIZATION DATE 1-8-09 BOOC. EXAM. 49 BY that I am managing member/mathis reinstatement application the reiso owed by the limited liability comparate under oath.	Managers Manage	Street Address of Ea Managing Member/Ma 932 Bunker Vie To Trustee empowered to execute this as been eliminated, the limited liability cone information indicated on this application	pplication as provide moany name satisficon is true and accurrent	City / State / Zip Acc // Gest, F/ 33 1003047321 -11/17/99-01061-019 ****150.00 ****150.00 11/17/99-01061-020 *******5.00 ******5.00 *******5.00 *******5.00 acc for in chapter 608, F.S. I further certify that the same legal state, and my signature shall have the same legal	30 When d that
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