

2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L14000133241

Entity Name: EB OF HIGHLANDS COUNTY, LLC

Current Principal Place of Business:

505 HAMPTON AVENUE
TALLAHASSEE, FL 32310

Current Mailing Address:

PO BOX 5773
TALLAHASSEE, FL 32314 US

FEI Number: 81-1579039

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CLAITT, RAQUISTA CHERELLE
505 HAMPTON AVENUE
TALLAHASSEE, FL 32310 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: RAQUISTA CLAITT

04/09/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT, MANAGER,
AUTHORIZED MEMBER, AUTHORIZED
REPRESENTATIVE, VC
Name CLAITT, RAQUISTA C
Address PO BOX 5773
City-State-Zip: TALLAHASSEE FL 32314

Title CEO
Name CLAITT, RAQUISTA CHERELLE
Address PO BOX 5773
City-State-Zip: TALLAHASSEE FL 32314

Title CHAIRMAN
Name CLAITT, RAQUISTA CHERELLE
Address PO BOX 5773
City-State-Zip: TALLAHASSEE FL 32314

Title CFO
Name CLAITT, RAQUISTA CHERELLE
Address PO BOX 3522
City-State-Zip: SEBRING FL 33871-3522

Title COO
Name CLAITT, RAVONDA CHERLYN
Address PO BOX 3522
City-State-Zip: SEBRING FL 33871-3522

Title VICE-PRESIDENT, MANAGER,
AUTHORIZED MEMBER, AUTHORIZED
REPRESENTATIVE
Name CLAITT, RAVONDA C
Address PO BOX 5773
City-State-Zip: TALLAHASSEE FL 32314

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RAQUISTA C. CLAITT

CEO

04/09/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date