

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** CHAIRMAN**Name** CLAITT, RAQUISTA CHERELLE**Address** PO BOX 5773**City-State-Zip:** TALLAHASSEE FL 32314**Title** COO**Name** CLAITT, RAVONDA CHERLYN**Address** PO BOX 3522**City-State-Zip:** SEBRING FL 33871-3522**Title** CEO**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** 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