

**2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L16000225391

**Entity Name:** LESSO PROFESSIONAL SERVICES, LLC

**Current Principal Place of Business:**

14430 PEPPERPINE DRIVE  
TAMPA, FL 33626

**Current Mailing Address:**

PO BOX 18785  
TAMPA, FL 33679 US

**FEI Number: 81-4779663**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

LAVENDER, KYLE  
5237 SUMMERLIN COMMONS  
STE 400  
FORT MYERS, FL 33907 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: KYLE LAVENDER

10/29/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            LESSO, STACY  
Address        14430 PEPPERPINE DRIVE  
City-State-Zip: TAMPA FL 33626

*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: STACY LESSO

PRESIDENT

10/29/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date