2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 16, 2018
Secretary of State
CR6840165813

DOCUMENT# L17000241479

Entity Name: PRIVATE LABLE, LLC

Current Principal Place of Business:

4932 FELLS COVE AVE
KISSIMMEE, FL 34744

Current Mailing Address:

4932 FELLS COVE AVE
KISSIMMEE, FL 34744

FEI Number: 82-3581117

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHANDRAPAUL, INDIRA
4932 FELLS COVE AVE
KISSIMMEE, FL 34744 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: INDIRA CHANDRAPAUL 10/16/2018

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	CHANDRAPAUL, RYAN	Name	CHANDRAPAUL, TREVOR
Address	4932 FELLS COVE AVE	Address	4932 FELLS COVE AVE
City-State-Zip:	KISSIMMEE FL 34744	City-State-Zip:	KISSIMMEE FL 34744
Title	MGR	Title	MGR
Name	CHANDRAPAUL, SELISA	Name	CHANDRAPAUL, NAMAN
Address	4932 FELLS COVE AVE	Address	4932 FELLS COVE AVE
City-State-Zip:	KISSIMMEE FL 34744	City-State-Zip:	KISSIMMEE FL 34744

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: NAMAN CHANDRAPAUL MANAGER 10/16/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date