

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000019671

Entity Name: JAY RAND VENTURES, LLC

FILED
Jan 14, 2008
Secretary of State

Current Principal Place of Business:

406 COMMERCE WAY
JUPITER, FL 33458 US

New Principal Place of Business:

250 TEQUESTA DRIVE
SUITE 200
TEQUESTA, FL 33469 US

Current Mailing Address:

134 LAKESHORE DRIVE
413
NORTH PALM BEACH, FL 333408 US

New Mailing Address:

134 LAKESHORE DRIVE
413
NORTH PALM BEACH, FL 33408 US

FEI Number: 11-3744156 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CIOFFI, JAMES A
250 TEQUESTA DRIVE
#200
TEQUESTA, FL 33469 US

Name and Address of New Registered Agent:

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: JAMES A CIOFFI

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RAND, RICK J
Address: 134 LAKESHORE DRIVE #413
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: MOSKOWITZ, JAY
Address: 19069 SE WINDWARD ISLAND LANE
City-St-Zip: JUPITER, FL 33458

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: RICK J RAND

MGR

01/14/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date