

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000122053

FILED
Oct 12, 2009
Secretary of State

Entity Name: 10836 LEM TURNER ROAD LLC

Current Principal Place of Business:

10836 LEVN TURNER RD
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

10836 LEM TURNER RD
JACKSONVILLE, FL 32218 US

Current Mailing Address:

6 SIMMONSON CT
GLEN HEAD, NY 11545

New Mailing Address:

FEI Number: 20-8101019 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

CHATPAR, PREM
10836 LEVN TURNER RD
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

CHATPAR, PREM
10836 LEM TURNER RD
JACKSONVILLE, FL 32218 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: PREM C CHATPAR

10/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PRENDERGAST, JAMES
Address: 1301 SE 13TH AVE
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: MGRM () Delete
Name: CHATPUR, PREM
Address: 6 SIMONSON CT
City-St-Zip: GLEN HEAD, NY 11545

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: CHATPAR, PREM
Address: 6 SIMONSON CT
City-St-Zip: GLEN HEAD, NY 11545

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: PREM C CHATPAR

DR

10/12/2009

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