

**2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000056364

**Entity Name:** BASIC PRODUCTS LLC.

**Current Principal Place of Business:**

5638 COMMONWEALTH AVE  
JACKSONVILLE, FL 32254

**Current Mailing Address:**

4446 HENDRICKS AVE  
345  
JACKSONVILLE, FL 32207

**FEI Number:** 45-2420642

**Certificate of Status Desired:** No

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

BROWN, JOANN M  
5638 COMMONWEALTH AVE  
JACKSONVILLE, FL 32254 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:** JOANN BROWN

09/30/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name BROWN, JOANN M  
Address 5638 COMMONWEALTH AVE  
City-State-Zip: JACKSONVILLE FL 32254

Title MGRM  
Name BROWN, KATRINA  
Address 5638 COMMONWEALTH AVE  
City-State-Zip: JACKSONVILLE FL 32254

*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:** JOANN BROWN

MANAGING MEMBER

09/30/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date