

**2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L16000112022

**Entity Name:** MR. FLORIDA BAIL BONDS, LLC

**Current Principal Place of Business:**

933 UNIVERSITY BLVD. NORTH  
JACKSONVILLE, FL 32211

**Current Mailing Address:**

933 UNIVERSITY BLVD. NORTH  
JACKSONVILLE, FL 32211 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MR.FLORIDA RECOVERY  
933 UNIVERSITY BLVD. NORTH  
JACKSONVILLE, FL 32211 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:** ELDRIDGE FRANKLIN

11/08/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name FRANKLIN, FRANKIE  
Address 933 UNIVERSITY BLVD. NORTH  
City-State-Zip: JACKSONVILLE FL 32211

*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:** FRANKIE FRANKLIN

OFFICE MANAGER

11/08/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date