## 2019 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: Yes

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 10/09/2019

Electronic Signature of Registered Agent

Date

FILED Oct 09, 2019

**Secretary of State** 

2073243338CR

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.