# 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: AARON J. JACKSON

Electronic Signature of Signing Authorized Person(s) Detail

## 2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L18000263691

Entity Name: AARON J. JACKSON IMAGERY LLC

#### **Current Principal Place of Business:**

921 NW 46 ST MIAMI, FL 33127

#### **Current Mailing Address:**

921 NW 46 ST MIAMI, FL 33127 US

#### FEI Number: 83-2793272

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

JACKSON, AARON J 5575 S. SEMORAN BLVD SUITE 36 ORLANDO, FL 32822 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: AARON J JACKSON

Electronic Signature of Registered Agent

## Authorized Person(s) Detail :

TitleAMBRNameJACKSON, AARON JAddress921 NW 46 STCity-State-Zip:MIAMI FL 33127

## Certificate of Status Desired: Yes

07/11/2020 Date

07/11/2020

### FILED Jul 11, 2020 Secretary of State 5069295530CR

Date