

**2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L21000195071

**Entity Name:** JASON BABIN LLC

**Current Principal Place of Business:**

3227 ATLANTIC BLVD.  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

7290 OAKMONT CT.  
PONTE VEDRA BEACH, FL 32082 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

JASON BABIN LLC  
7290 OAKMONT CT  
PONTE VEDRA BEACH, FL 32082 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:** JASON THOMAS BABIN

04/15/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name BABIN, JASON T  
Address 3227 ATLANTIC BLVD.  
City-State-Zip: JACKSONVILLE FL 32207

*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:** JASON THOMAS BABIN

OWNER

04/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date