## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

C	ED LIABILITY OMPANY STATEMENT		Se	DEPARTM ecretary o		<b>E</b>	SECRETA DIVISION OF 05 JUN - G	RY OF STATE CORPORATIONS AM 8: 13	
DOCUMENT # 40000008591								_	
1. Limited Liability Company's Name									
J-TECH Investments, LLC.									
						NA			
2. Principal Office Address 3. Mailing O				ffice Address		yar.			
5168 Sandy Shore Ave 5168 S			5168 Sa	andy Shore Ave		4. State/Cour	ntry of Formation		
			Suite, Apt. #, et				Flordia		
Suite, Apr. #, etc.			Outo, Apr. #, et	BILL.		· · · · · · · · · · · · · · · · · · ·	5. Date Organized or Qualified		
							To Do Business in Florida July 2000		
City & State City & State						& EELMumb	6. FEI Number Applied For		
Sarasota, FL Saraso			Sarasota	ta FL		6. FEI NUMB	65 1053078		
Zip	Country		Zip	С	ountry	7.		Not Applicable	
34242	Saras	ota	34242	8	Sarsota	CERTIFICATI		ditional Fee required entificate of Status	
			O 11-						
	8. Name and Address of Current Registered Agent								
	John Montelione								
	Stroot Address (B.O. Boy Number in Net Associable)								
	5168 Sandy Shore Ave								
	Suite, Apt. #, Etc.								
	[ <i>D</i> ]					$U_{i}P_{i}a_{i}$	00-		
	City Sarasota						State Zip Code S4242		
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.									
								15	
Signature of Registered Agent						Date ////0 8			
REGISTERED AGENT MUST SIGN									
10. Names and Street Addresses of Managing Members/Managers									
Name of the Control o									
Titles	es Managing Members/ Managers			ı	Managing Member/Ma				
MM	John Montelione			5168 Sandy Shore Ave			Sarasota FL 34242		
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						-			
						<b></b>	 	-, <sub>4</sub>	
						100 /O	<del>90055598353</del> \$/0501072007  *	*300.00	
						UDAU	1 1/0201015001 *	**5UU.UU	
						·			
filing thi all fees	is reinstatement applicati	ion the reason for	dissolution has be	een eliminated	I, the limited liability $\propto$	mpany name satisfic	ed for in chapter 608, F.S. I further of es the requirements of section 608.40 ate, and my signature shall have the	06, F.S., and that	
Signature of 1/1/2005 941 724 9700									
Signature of Managing Member/Manager Date 1/1/2005 Daytime Phone # 941 724 9700									
John Monteliano									
Typed or printed name of signing Managing Member/Manager JONN MONTEIIONE									