

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L00000008907

Entity Name: JAKANDI PROPERTIES LLC

FILED  
Sep 26, 2005  
Secretary of State

**Current Principal Place of Business:**

472 39TH AVE  
SAINT PETERSBURG BEACH, FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

472 39TH AVE  
SAINT PETERSBURG BEACH, FL 33706

**New Mailing Address:**

FEI Number: 59-3665565      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

ADAMS, KATHY E PRES.  
472 39 TH AVE  
SAINT PETERSBURG BEACH, FL 33706      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: KEA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ADAMS, KATHY E  
Address: 472 39TH AVE  
City-St-Zip: SAINT PETERSBURG BEACH, FL 33706

Title: MGRM ( ) Delete  
Name: HICKSON, KATHY E  
Address: 4020 BELLE VISTA DR  
City-St-Zip: SAINT PETE BEACH, FL 33706

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: KEA

MGRM

09/26/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date