

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L00000012949

1. Entity Name
JAVA HUB, LLC



FILED

08 DEC 23 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
239 W. MIAMI AVENUE
VENICE, FL 34285

Mailing Address
239 W. MIAMI AVENUE
VENICE, F: 34285

2. Principal Place of Business - No P.O. Box #

213 West Venice Ave

Suite, Apt. #, etc.

3. Mailing Address

213 West Venice Ave

Suite, Apt. #, etc.



12092008 REIN-LLC

CR2E101 (1/07)

City & State

Venice FL

City & State

Venice FL

4. FEI Number

65-1048221

Applied For

Not Applicable

Zip

34285

Country

USA

Zip

34285

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHAMBERS, LINDA
213 W. VENICE AVE.
VENICE, FL 34285

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

B. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Linda Chambers

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12/19/08

DATE

FILE NOW!!! FEE IS \$238.75
After January 1, 2009, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME CHAMBERS, LINDA ☐ Delete
STREET ADDRESS 239 W. MIAMI AVENUE
CITY-ST-ZIP VENICE, FL 34285

TITLE MGRM
NAME FEDER, SAM ☒ Delete
STREET ADDRESS 5404 OAK COURT STREET
CITY-ST-ZIP SARASOTA, FL 34232

TITLE MGRM
NAME FEDER, JANET ☒ Delete
STREET ADDRESS 5404 OAK COURT STREET
CITY-ST-ZIP SARASOTA, FL 34232

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800139199828
12/22/08--01037--018 **238.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

REINSTATEMENT

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Linda Chambers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

12/19/08

Date

(941) 244-0430

Daytime Phone #