

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L00000016303

Entity Name: JAXDOCS, LLC

FILED  
Oct 10, 2007  
Secretary of State

## Current Principal Place of Business:

3599 UNIVERSITY BLVD. SOUTH, SUITE 1202  
JACKSONVILLE, FL 32216

## New Principal Place of Business:

4131-3 UNIVERSITY BLVD. S.  
JACKSONVILLE, FL 32216

## Current Mailing Address:

3599 UNIVERSITY BLVD. SOUTH, SUITE 1202  
JACKSONVILLE, FL 32216

## New Mailing Address:

4131-3 UNIVERSITY BLVD. S.  
JACKSONVILLE, FL 32216

FEI Number: 59-3687686      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:

WALDRON, JAMES S  
3599 UNIVERSITY BLVD. SOUTH, SUITE 1202  
JACKSONVILLE, FL 32216      US

## Name and Address of New Registered Agent:

WALDRON, JAMES S  
4131-3 UNIVERSITY BLVD. S.  
JACKSONVILLE, FL 32216      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: JAMES S. WALDRON

10/10/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: WALDRON, JAMES S  
Address: 3599 UNIVERSITY BLVD. SOUTH, SUITE 1202  
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM      ( ) Delete  
Name: WALDRON, ANNE H  
Address: 3599 UNIVERSITY BLVD. SOUTH SUITE 1202  
City-St-Zip: JACKSONVILLE, FL 32216

## ADDITIONS/CHANGES:

Title: MGR      (X) Change ( ) Addition  
Name: WALDRON, JAMES S  
Address: 4131-3 UNIVERSITY BLVD. S.  
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM      (X) Change ( ) Addition  
Name: WALDRON, ANNE H  
Address: 4131-3 UNIVERSITY BLVD. S.  
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JAMES S. WALDRON

MGR

10/10/2007

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