

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L01000004076

**Entity Name:** JAXRESEARCH SYSTEMS, LLC

**FILED**  
**Nov 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4085 UNIVERSITY BLVD S  
STE 1  
JACKSONVILLE, FL 32216 US

**New Principal Place of Business:**

**Current Mailing Address:**

4085 UNIVERSITY BLVD S  
STE 1  
JACKSONVILLE, FL 32216 US

**New Mailing Address:**

**FEI Number:** 59-3716637

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KOREN, MICHAEL J CEO  
4085 UNIVERSITY BLVD. SOUTH  
SUITE 1  
JACKSONVILLE, FL 32216 US

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

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:** MICHAEL J. KOREN, CEO

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** CEO  
**Name:** KOREN, MICHAEL J M.D.  
**Address:** 4085 UNIVERSITY BLVD S., STE 1  
**City-St-Zip:** JACKSONVILLE, FL 32216

I hereby 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:** JOY OLSON VIAU

CFO

11/01/2012

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