

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000000937

Entity Name: JAX CASUAL DINING, LLC

**FILED**  
**Oct 01, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

1720 CONWAY ISLE CIRCLE  
ORLANDO, FL 32809

**New Principal Place of Business:**

**Current Mailing Address:**

1720 CONWAY ISLE CIRCLE  
ORLANDO, FL 32809

**New Mailing Address:**

FEI Number: 80-0033707

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILSON, JEAN E  
450 SOUTH ORANGE AVE. SUITE 510  
ORLANDO, FL 32801 US

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

WILSON, JEAN E  
450 SOUTH ORANGE AVE. SUITE 650  
ORLANDO, FL 32801 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: JEAN E. WILSON

10/01/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: DP ( ) Delete  
Name: WILSON, JEAN  
Address: 450 S ORANGE AVE STE 650  
City-St-Zip: ORLANDO, FL 32801

**ADDITIONS/CHANGES:**

Title: DP (X) Change ( ) Addition  
Name: WILSON, JEAN E  
Address: 450 S ORANGE AVE STE 650  
City-St-Zip: ORLANDO, FL 32801

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: JEAN E. WILSON

MM

10/01/2007

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