

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000015637

FILED  
Sep 28, 2009  
Secretary of State

Entity Name: J.C. & M.L. ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

1343 SE PORT ST LUCIE BLVD  
PORT ST LUCIE, FL 34952 US

**New Principal Place of Business:**

**Current Mailing Address:**

1343 SE PORT ST LUCIE BLVD  
PORT ST LUCIE, FL 34952 US

**New Mailing Address:**

FEI Number: 04-3697881      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:**

KIRK, WILLIAM N  
979 BEACHLAND BLVD  
VERO BEACH, FL 32963 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: WILLIAM N KIRK

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CAIRNS, MARLENE A  
Address: 1343 SE PORT ST LUCIE BLVD  
City-St-Zip: PORT ST LUCIE, FL 34952 US

Title: MGRM ( ) Delete  
Name: CAIRNS, JOHN S  
Address: 1343 SE PORT ST LUCIE BLVD  
City-St-Zip: PORT ST LUCIE, FL 34952 US

**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 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: JOHN S CAIRNS

MGRM

09/28/2009

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