

03/21/2005

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LINDELL FARSON & PINCKET, PA → 9264405

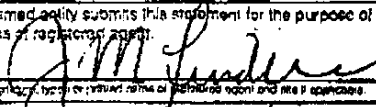
NO.677

002

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 23 AM 8:34

DOCUMENT # L02000033791			
1. Entity Name RACING WITH JD, LLC			
Principal Place of Business 7949 CAMPBELL TOWN COURT JACKSONVILLE, FL 32244		Mailing Address 7949 CAMPBELL TOWN COURT JACKSONVILLE, FL 32244	
2. Principal Place of Business		2. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 32-0047789		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WENZEL, KAREN E-ESQ LINDELL & KELLISON, P.A. 12276 SAN JOSE BLVD., STE 128 JACKSONVILLE, FL 32223		7. Name and Address of New Registered Agent Name: J. Michael LindeLL Street Address (P.O. Box Number is Not Acceptable): (SAME) City: FL Zip Code:	
8. 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: 		DATE: 3/21/05	
FILE NOW!!! FEE IS \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, JACK 7949 CAMPBELL TOWN COURT JACKSONVILLE, FL 32244 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 04-05 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co Manager Deborah Davis 7949 Campbell Town Ct Jax FL 32244 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300049451653 03/30/05--01007--002 **200.00 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 113.07(3)(i), 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:  -- Co-Manager		904 759 1144	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	