

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000026221

1. Entity Name
PAR ENTERPRISES OF FLORIDA, LLC



FILED
05 JAN 10 PM 2:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
~~13962 IBIS POINT BOULEVARD~~
~~JACKSONVILLE, FL 32224~~

Mailing Address
~~13962 IBIS POINT BOULEVARD~~
~~JACKSONVILLE, FL 32224~~



12012004 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business
1024 Hanover Lane
Suite, Apt. #, etc.

3. Mailing Address
1024 Hanover Lane
Suite, Apt. #, etc.

City & State
St. Augustine, FL

City & State
St. Augustine, FL

Zip Country
32095 USA

Zip Country
32095 USA

4. FEI Number
01-0788973

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MOORE, SHIRLEY
4595 LEXINGTON AVENUE
JACKSONVILLE, FL 32210

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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 Shirley Moore DATE 1-3-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Frank McComas 209 Plantation Circle Ponte Vedra Beach, FL 32082	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Derek Prince 1024 Hanover Lane, St. Augustine, FL 32095	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Brian Schonover 13962 Ibis Point Boulevard Jacksonville, FL 32224	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100043534951 12/20/04--01064--022 **300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 2004

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: Derek Prince DATE: December 13, 2004 (904) 563-5050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #