

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000028292

1. Entity Name
1840 DUNN AVENUE, LLC



FILED
2004 NOV 12 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2955 HARTLEY ROAD, SUITE 202
JACKSONVILLE, FL 32257

Mailing Address
2955 HARTLEY ROAD, SUITE 202
JACKSONVILLE, FL 32257

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

10272004 REIN-LLC CR2E101 (6/04)

4. FEI Number
20-0110566

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HULSBURG, JEFFREY K
2955 HARTLEY ROAD, SUITE 202
JACKSONVILLE, FL 32257

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

MGRM
JEFFREY K. HULSBURG
2955 HARTLEY RD #202
JACKSONVILLE, FL 32257

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
JOHN O. HULSBURG
2955 HARTLEY RD, #202
JACKSONVILLE, FL 32257

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11/2/04

Date

904-886-2901

Daytime Phone #

REINSTATEMENT 04 04