

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000030684

**FILED**  
**Oct 20, 2009**  
**Secretary of State**

**Entity Name:** JW PROPERTIES OF NORTHWEST FLORIDA, LLC

**Current Principal Place of Business:**

3545 FLINTWOOD CIRCLE  
PENSACOLA, FL 32504

**New Principal Place of Business:**

611 CROWN COVE  
PENSACOLA, FL 32502

**Current Mailing Address:**

3545 FLINTWOOD CIRCLE  
PENSACOLA, FL 32504

**New Mailing Address:**

611 CROWN COVE  
PENSACOLA, FL 32502

**FEI Number:** 41-2112397

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAWRENCE WELCH, KEVIN  
611 CROWN COVE  
PENSACOLA, FL 32501 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:** KEVIN L WELCH

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: JENKINS, DANNY L  
Address: 3545 FLINTWOOD CIRCLE  
City-St-Zip: PENSACOLA, FL 32504

Title: MGR (X) Delete  
Name: LAWRENCE WELCH, KEVIN  
Address: 611 CROWN COVE  
City-St-Zip: PENSACOLA, FL 32501

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WELCH, KEVIN L  
Address: 611 CROWN COVE  
City-St-Zip: PENSACOLA, FL 32502

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:** KEVIN L WELCH

MGR

10/20/2009

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