

# **2004 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000032878

Entity Name: JAX NORTHSIDE, LLC

**FILED**  
**Dec 09, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

12014 COBBLEWOOD LN, N  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

12014 COBBLEWOOD LN, N  
JACKSONVILLE, FL 32225

**New Mailing Address:**

FEI Number: 27-0066636      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:**

PERSONEUS, LESLIE J  
12014 COBBLEWOOD LN, N  
JACKSONVILLE, FL 32225      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: PERSONEUS, LESLIE J  
Address: 12014 COBBLEWOOD LN, N  
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LESLIE J PERSONEUS

MEMB

12/09/2004

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