

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000041079

Entity Name: JD INVESTMENTS, LLC

**FILED**  
**Apr 27, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

2525 HIAWATHA AVE  
SANFORD, FL 32773 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 953055  
LAKE MARY, FL 327953055 US

**New Mailing Address:**

FEI Number: 77-0618176      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:**

VAN DER PUTTEN, DAMIEN  
2525 HIAWATHA AVE  
SANFORD, FL 32773 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: DAMIEN VAN DER PUTTEN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: VAN DER PUTTEN, DAMIEN  
Address: 2525 HIAWATHA AVE  
City-St-Zip: SANFORD, FL 32773 US

Title: MGRM ( ) Delete  
Name: BERNA, JANET  
Address: 2525 HIAWATHA AVE.  
City-St-Zip: SANFORD, FL 32773

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAMIEN VAN DER PUTTEN

MGRM

04/27/2009

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