



# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2004 DEC 16 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L03000044454					
1. Entity Name <b>JOHN MCKELVEY, LLC</b>					
Principal Place of Business 11902 BETHWOOD AVE NEW PORT RICHEY, FL 34654			Mailing Address 11902 BETHWOOD AVE NEW PORT RICHEY, FL 34654		
<i>John McKelvey LLC</i>					
2. Principal Place of Business 11902 Bethwood Ave		3. Mailing Address 11902 Bethwood Ave			
Suite, Apt. #, etc. N.P.R.		Suite, Apt. #, etc. N.P.R.		11012004 REIN-LLC CR2E101 (6/04)	
City & State FLA.		City & State FLA.		4. FEI Number 20039903	
Zip 34654		Country PASC		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  MCKELVEY, JOHN 11902 BETHWOOD AVE. NEW PORT RICHEY, FL 34654			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
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 <i>John McKelvey LLC</i>				DATE <i>12-12-04</i>	
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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCKELVEY, JOHN 1902 BETHWOOD AVE NEW PORT RICHEY, FL 34654		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>John McKelvey LLC</i>				DATE <i>12-12-04</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #	