## 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L03000049783

Entity Name: J.S. COMMUNICATIONS, LLC

Oct 20, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

4846 NORTH UNIVERSITY DRIVE, SUITE #366 FORT LAUDERDALE, FL 33351

**Current Mailing Address: New Mailing Address:** 

4846 NORTH UNIVERSITY DRIVE, SUITE #366 FORT LAUDERDALE, FL 33351

FEI Number: 20-0449306 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A. CAMPBELL, LORNA P MGRM 1840 SW 22ND ST. 4846 NORTH UNIVERSITY DRIVE, 4TH FLOOR SUITE # 366 MIAMI, FL 33145 US FT LAUDERDALE, FL 33351 US

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: CAMPBELL LORNA P. 10/20/2004

> Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MEMBERS:

## ADDITIONS/CHANGES:

Title: ( ) Delete (X) Change ( ) Addition CAMPBELL, LORNA P CAMPBELL, LORNA P MGRM Name: Name: 4846 NORTH UNIVERSITY DRIVE, SUITE #366 Address: 4846 NORTH UNIVERSITY DRIVE, SUITE #366 Address: City-St-Zip: FORT LAUDERDALE, FL 33351 City-St-Zip: FORT LAUDERDALE, FL 33351 (X) Change ( ) Addition Title: MGR ( ) Delete Title:

CAMPBELL, DEREK C Name: CAMPBELL, DEREK C MGR Name: Address:

4846 NORTH UNIVERSITY DRIVE, SUITE #366 Address: 4846 NORTH UNIVERSITY DRIVE, SUITE #366

City-St-Zip: FORT LAUDERDALE, FL 33351 City-St-Zip: FORT LAUDERDALE, FL 33351

Title: () Delete Title: MGR (X) Change ( ) Addition CAMPBELL, LORNA P Name: LAMM, CHARLES Name:

4846 NORTH UNIVERSITY DRIVE, SUITE #366 4846 N. UNIVERSITY DRIVE, SUITE #366 Address: Address:

City-St-Zip: FORT LAUDERDALE, FL 33351 City-St-Zip: FT LAUDERDALE, FL 33351

Title: () Delete Title: MGR ( ) Change (X) Addition Name: Name: CAMPBELL, LORRAINE MGR Address: Address: 4846 N. UNIVERSITY DRIVE, SUITE #366

City-St-Zip: City-St-Zip: FT LAUDERDALE, FL 33351

Title: () Delete Title: ( ) Change (X) Addition

CONNELL, GARTH MGR Name: Name:

4846 N. UNIVERSITY DRIVE, SUITE #366 Address: Address:

City-St-Zip: City-St-Zip: FT LAUDERDALE, FL 33351

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: LORNA P. CAMPBELL 10/20/2004