



# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L03000053168</b> 1. Entity Name <b>J&amp;F L.L.C.</b>						<b>FILED</b>  2008 JUL 23 PM 12:58  DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>8392 SE 173RD HENDRICKS LN THE VILLAGES, FL 32162</b>				Mailing Address <b>8392 SE 173RD HENDRICKS LN THE VILLAGES, FL 32162</b>			
2. Principal Place of Business - No P.O. Box # <b>16750 SOUTH US HWY 441</b>		3. Mailing Address <b>2251 CALLAWAY DRIVE</b>					
Suite, Apt. #, etc. <b>SUITE 701</b>		Suite, Apt. #, etc. 					
City & State <b>SUMMERFIELD FL.</b>		City & State <b>THE VILLAGES, FL.</b>					
Zip <b>34491</b>		Country <b>U.S.A.</b>		Zip <b>32162</b>		Country <b>U.S.A.</b>	
4. FEI Number <b>77-0618148</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>BEDNARK, JOAN 8392 SE 173RD HENDRICKS LN THE VILLAGES, FL 32162</b>				7. Name and Address of New Registered Agent Name <b>FRANK P. SANTORO</b> Street Address (P.O. Box Number is Not Acceptable) <b>2251 CALLAWAY DR.</b> City <b>THE VILLAGES</b> <b>FL</b> Zip Code <b>32162</b>			
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>Frank P. Santoro</i> <b>FRANK P. SANTORO MGRM</b>				<b>7-10-08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$377.50</b>				<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SANTORO, FRANK 8392 SE 173 RD HENDRICKS LN. THE VILLAGES, FL 32162</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SANTORO, FRANK P. 2251 CALLAWAY DR. THE VILLAGES, FL. 32162</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BEDNARK, JOAN 8392 SE 173 RD HENDRICKS LN. LADY LAKE, FL 32162</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SANTORO, JOAN 2251 CALLAWAY DR THE VILLAGES, FL. 32162</b> <input checked="" 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	<b>400132889604 07/14/08--01052--003 ***382.50</b> <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 exemptions contained in Chapter 119, 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.							
<b>SIGNATURE: <i>Frank P. Santoro</i> FRANK P. SANTORO</b>				<b>7-10-08 352-245-6250</b> <small>Signature and typed or printed name of signing managing member, manager, or authorized representative</small>			