

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000056615

Entity Name: J.A.B. VENTURES LLC

FILED
Aug 26, 2008
Secretary of State

Current Principal Place of Business:

2412 LAKE POINT LANE
CLEARWATER, FL 33762

New Principal Place of Business:

Current Mailing Address:

2412 LAKE POINT LANE
CLEARWATER, FL 33762

New Mailing Address:

FEI Number: 20-0521974 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:

TIEDE, AL MR.
2412 LAKE POINT LANE
CLEARWATER, FL 33762 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: AL TIEDE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM (X) Delete
Name: CUGNO, JERRY
Address: 10912 SUMMERTON DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: MGRM () Delete
Name: TIEDE, AL
Address: 2412 LAKE POINT LANE
City-St-Zip: CLEARWATER, FL 33762

Title: MGRM () Delete
Name: EATON, BILL
Address: 2412 LAKE POINT LANE
City-St-Zip: CLEARWATER, FL 33762

ADDITIONS/CHANGES:

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

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: AL TIEDE

MGRM

08/26/2008

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