

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000000069

Entity Name: MJ SPECIALTIES LLC

**FILED**  
**Jun 23, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

7226 W. COLONIAL DRIVE  
#276  
ORLANDO, FL 32818

**New Principal Place of Business:**

**Current Mailing Address:**

7226 W. COLONIAL DRIVE  
#276  
ORLANDO, FL 32818

**New Mailing Address:**

FEI Number: 41-2123920

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARQUEZ, MANUEL  
7226 W. COLONIAL DR  
#276  
ORLANDO, FL 32818 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: MANUEL MARQUEZ

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: OWNE ( ) Change (X) Addition  
Name: MARQUEZ, MANUEL  
Address: 7226 W. COLONIAL DR # 276  
City-St-Zip: ORLANDO, FL 32818

I hereby certify that the information supplied with this filing does not qualify for the 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: MANUEL MARQUEZ

OWNE

06/23/2006

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