

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000006325

Entity Name: JERRY LEE GREEN, LLC.

**FILED**  
**Nov 03, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

6680 GULF BOULEVARD  
ST. PETE BEACH, FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

6680 GULF BOULEVARD  
ST. PETE BEACH, FL 33706

**New Mailing Address:**

1236 35TH AVENUE NORTH  
ST. PETERSBURG, FL 33704

FEI Number: 20-0639158      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

CHLAPOWSKI, PATTI BROWN  
6680 GULF BOULEVARD  
ST. PETE BEACH, FL 33706      US

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

GREEN, JERRY LEE  
1236 35TH AVENUE NORTH  
ST. PETERSBURG, FL 33704      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: JERRY LEE GREEN

11/03/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: GREEN, JERRY LEE  
Address: 1236 35TH AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33704

**ADDITIONS/CHANGES:**

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

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: JERRY LEE GREEN

MGR

11/03/2006

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