

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000008807

1. Entity Name
JT PRESSURE WASHING, L.L.C.



FILED

2007 MAR 27 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
10795 LAS COLINAS WAY
JACKSONVILLE, FL 32222

Mailing Address
P.O. BOX 551260
JACKSONVILLE, FL 32255

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
10795 LAS Colinas way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Jacksonville, FL

03122007 REIN-LLC CR2E101 (1/07)

City & State

City & State

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

Zip

Country

Zip

32222

Country

USA

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHNEIDER, MICHAEL N
5150 BELFORT RD, BLDG 100
JACKSONVILLE, FL 32256

7. Name and Address of New Registered Agent

Name John T. Ayres

Street Address (P.O. Box Number is Not Acceptable)
10795 LAS Colinas way

City Jacksonville

FL

Zip Code
32222

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-12-07

DATE

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME AYERS, JOHN T
STREET ADDRESS 10795 LAS COLINAS WAY
CITY-ST-ZIP JACKSONVILLE, FL 32222

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE MGRM
NAME Ayres John T
STREET ADDRESS 10795 LAS Colinas way
CITY-ST-ZIP Jacksonville, FL 32222

☒ Change ☐ Addition

LAST Name

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

John T. Ayres

Date

3-12-07

Daytime Phone #

904-779-7875

REINSTATEMENT

06-07