

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000009851

**FILED**  
**Oct 02, 2007**  
**Secretary of State**

**Entity Name:** JESAL INVESTMENTS, LLC

**Current Principal Place of Business:**

1936 BRUCE B. DOWNS BLVD.  
BOX 324  
WESLEY CHAPEL, FL 33543 US

**Current Mailing Address:**

1936 BRUCE B. DOWNS BLVD.  
BOX 324  
WESLEY CHAPEL, FL 33543 US

**New Principal Place of Business:**

1936 BRUCE B. DOWNS BLVD.  
BOX 502  
WESLEY CHAPEL, FL 33543 US

**New Mailing Address:**

1936 BRUCE B. DOWNS BLVD.  
BOX 502  
WESLEY CHAPEL, FL 33543 US

**FEI Number:** 95-1216610

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ORSATTI, CHAD T  
3204 ALTERNATE 19 NORTH  
PALM HARBOR, FL 34683 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:** CHAD ORSATTI

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** DIEPHOLZ, KENNETH R JR.  
**Address:** 1936 BRUCE B. DOWNS BLVD., BOX 324  
**City-St-Zip:** WESLEY CHAPEL, FL 33543 US

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** DIEPHOLZ, KENNETH R JR.  
**Address:** 1936 BRUCE B. DOWNS BLVD., BOX 502  
**City-St-Zip:** WESLEY CHAPEL, FL 33543 US

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:** KEN DIEPHOLZ

MR

10/02/2007

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