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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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09/11/07--01018--010 \*\*250.00

CR2E041 (1/07)

DOCUMENT # L04000016499

1. Limited Liability Company's Name

JERRY LIGHT, LLC

4. State/Country of Formation	FL
5. Date Organized or Qualified To Do Business in Florida	03/02/2004
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Wendy Light Date 8-22-07

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Managing Member	Wendy Light	312 Mimosa Avenue	St. Augustine, FL 32080
			DB
REINSTATEMENT 2005-2007			

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager Wendy Light Date 8-22-07 Daytime Phone # 904 823-8828

Typed or printed name of signing Managing Member/Manager Wendy Light