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Division of Corporations

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LD4000037848

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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : PURCELL, FLANAGAN & HAY, P.A.
Account Number : 071722000522
Phone : (904)355-0355
Fax Number : (904)355-0820

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TALLAHASSEE, FLORIDA

REINSTATEMENT

05.06

LIMITED LIABILITY REINSTATEMENT

JD & HC ENTERPRISES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$200.00

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DIVISION OF CORPORATION

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2006 LIMITED LIABILITY COMPANY REINSTATEMENT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000037848			
1. Entity Name JD & HC ENTERPRISES, LLC			
Principal Place of Business 24851 MISTY LAKE DRIVE PONTE VEDRA BEACH, FL 32082		Mailing Address 24651 MISTY LAKE DRIVE PONTE VEDRA BEACH, FL 32082	
2. Principal Place of Business 7575 Founders Way		3. Mailing Address 7575 Founders Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ponte Vedra Beach, FL		City & State Ponte Vedra Beach, FL	
Zip 32082	Country USA	Zip 32082	Country USA
6. Name and Address of Current Registered Agent PATTERSON, BOND & LATSHAW, P.A. 3010 SOUTH THIRD STREET JACKSONVILLE BEACH, FL 32250		7. Name and Address of New Registered Agent Name GARY PEASE Street Address (P.O. Box Number is Not Acceptable) 7575 FOUNDERS WAY City Ponte Vedra Beach FL Zip Code 32082	
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: <i>Gary B. Pease</i>		DATE: 4/27/06	
FILE NOW!!! FEE IS \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEASE, HOPE C 104 NEWPORT LANE PONTE VEDRA BEACH, FL 32082 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Pease, Hope C. 7575 Founders Way Ponte Vedra Beach, FL 32082 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLOCKER, JEAN D 24851 MISTY LAKE DRIVE PONTE VEDRA BEACH, FL 32082 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: <i>Gary B. Pease</i>		DATE: 4/27/06 (904) 280-9536	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Gary B. Pease			

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