

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000039511

1. Entity Name
PRO 2 BY JEFF GRISSOM, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB -8 AM 9:07

Principal Place of Business
**2111 BARKELEY LANE #15
FORT MYERS, FL 33907**

Mailing Address
**2111 BARKELEY LANE #15
FORT MYERS, FL 33907**

2. Principal Place of Business
9005 COLBY DR APT 1920
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.



01272006 REIN-LLC CR2E101 (11/05)

City & State
FT MYERS FL

Zip
33919

Country
LEC

4. FEI Number
113687108

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

**GRISSOM, JEFFREY
2111 BARKELEY LANE #15
FORT MYERS, FL 33907**

7. Name and Address of New Registered Agent

Name
GRISSOM JEFFREY

Street Address (P.O. Box Number is Not Acceptable)
9005 COLBY DR APT 1920

City
FT MYERS

State
FL

Zip Code
33919

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 **JEFFREY GRISSOM** DATE **1-29-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

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				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRISSOM, JEFFREY 2111 BARKELEY LANE #15 FORT MYERS, FL 33907	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNE JEFF GRISSOM 9005 COLBY DR APT 1920 FT MYERS FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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REINSTATEMENT 05-06

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: **JEFFREY GRISSOM** DATE **1-29-06** DAYTIME PHONE **239-218-6326**

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