


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR -3 AM 10:46

DOCUMENT # L04000040452					
1. Entity Name JJM & CONSULTANTS, LLC					
Principal Place of Business 2933 SHADOW VIEW CIRCLE MAITLAND, FL 32751			Mailing Address 2933 SHADOW VIEW CIRCLE MAITLAND, FL 32751		
2. Principal Place of Business <i>2011 Legacy Palms Dr.</i>		3. Mailing Address <i>2011 Legacy Palms Drive</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02202006 REIN-LLC CR2E101 (11/05)	
City & State <i>Maitland, FL</i>		City & State <i>Maitland</i>		4. FEI Number <i>26-0092715</i>	
Zip <i>32751</i>		Country <i>Orange</i>		Applied For <input type="checkbox"/> Not Applicable	
Zip <i>32751</i>		Country <i>Orange</i>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MEYERS, JONI J 2933 SHADOW VIEW CIRCLE MAITLAND, FL 32751			Name		
			Street Address (P.O. Box Number is Not Acceptable) <i>2011 Legacy Palms Drive</i>		
			City <i>Maitland</i>		
			FL		Zip Code <i>32751</i>
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>Joni J Meyers</i>				DATE <i>2/20/06</i>	
<small>Signature, typed or printed name of registered agent and (C) if applicable.</small>				<small>(NOTE: Registered Agent signature required when reinstating)</small>	
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	MGR MEYERS, JONI J 2933 SHADOW VIEW CIRCLE MAITLAND, FL 32751	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>2011 Legacy Palms Dr. Maitland, FL 32751</i>	
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 100068100211 03/20/06--01018--010 **200.00	
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	
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 REINSTATEMENT 05-06	
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	
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	
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>Joni J Meyers</i>				DATE: <i>2/20/06</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Daytime Phone #</small> <i>407-461-2991</i>	