

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000041581

Entity Name: JEM VENTURES, LLC

FILED
Oct 15, 2007
Secretary of State

Current Principal Place of Business:

9754 S.W. 114 COURT
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

9754 S.W. 114 COURT
MIAMI, FL 33176

New Mailing Address:

FEI Number: 20-1190997 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DIAZ, GILBERTO
9754 S.W. 114 COURT
MIAMI, FL 33176 US

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: GILBERT O DIAZ

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DIAZ, GILBERTO
Address: 9754 SW 114 CT
City-St-Zip: MIAMI, FL 33176

Title: MGR () Delete
Name: MULLIS, JAMES
Address: 15800 S.W. 85 AVENUE
City-St-Zip: MIAMI, FL 33157

Title: MGR () Delete
Name: ERGA HOLDINGS LLC,
Address: 3261 SW 134 AVENUE
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GILBERTO DIAZ

MGR

10/15/2007

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