

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000043238

1. Entity Name
JOLENE CONSULTANTS, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT -7 AM 10: 09

Principal Place of Business
10040 MAGNOLIA BEND
BONITA SPRINGS, FL 34135

Mailing Address
10040 MAGNOLIA BEND
BONITA SPRINGS, FL 34135

2. Principal Place of Business
10040 MAGNOLIA BEND

3. Mailing Address
10040 MAGNOLIA BEND

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09222005 REIN-LLC CR2E101 (6/04)

City & State
BONITA SPRINGS FL

City & State
BONITA SPRINGS FL

4. FEI Number

Applied For
Not Applicable

Zip
34135

Country
LEE

Zip
34135

Country
LEE

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

6. Name and Address of Current Registered Agent

O'REILLY, JOHN C
10040 MAGNOLIA BEND
BONITA SPRINGS, FL 34135

7. Name and Address of New Registered Agent

Name
SAME

Street Address (P.O. Box Number is Not Acceptable)

City
FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2006, Fee will be \$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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEMBER - PRES
JOHN COREILLY
10040 MAGNOLIA BEND
BONITA SPRINGS FL 34135 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~ARLENE O'REILLY~~
~~10040 MAGNOLIA BEND~~
~~BONITA SPRINGS FL 34135~~ ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEMBER - VICE PRES
ARLENE O'REILLY
10040 MAGNOLIA BEND
BONITA SPRINGS FL 34135 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
300060301563
10/06/05--01044--008 **50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
REINSTATEMENT 2005 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 exemption stated in Section 119.07(3)(i), 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: John C O'Reilly John C O'REILLY 9/29/05 2394952912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #