

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000048549

Entity Name: KOLASA JOYNER, LLC

FILED
Apr 03, 2006
Secretary of State

Current Principal Place of Business:

2245 PLANTATION CENTER DRIVE
FLEMING ISLAND, FL 32073

New Principal Place of Business:

11566 BASKERVILLE ROAD
JACKSONVILLE, FL 32223

Current Mailing Address:

2245 PLANTATION CENTER DRIVE
FLEMING ISLAND, FL 32073

New Mailing Address:

11566 BASKERVILLE ROAD
JACKSONVILLE, FL 32223

FEI Number: 20-1363072 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:

JOYNER, ADRIENNE
2245 PLANTATION CENTER DRIVE
FLEMING ISLAND, FL 32073 US

Name and Address of New Registered Agent:

JOYNER, ADRIENNE
11566 BASKERVILLE ROAD
JACKSONVILLE, FL 32223 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: ADRIENNE JOYNER

04/03/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JOYNER, WILLIAM
Address: 2245 PLANTATION CENTER DRIVE
City-St-Zip: FLEMING ISLAND, FL 32073

Title: MGRM () Delete
Name: JOYNER, ADRIENNE
Address: 2245 PLANTATION CENTER DRIVE
City-St-Zip: FLEMING ISLAND, FL 32073

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JOYNER, WILLIAM
Address: 11566 BASKERVILLE ROAD
City-St-Zip: JACKSONVILLE, FL 32223

Title: MGRM (X) Change () Addition
Name: JOYNER, ADRIENNE
Address: 11566 BASKERVILLE ROAD
City-St-Zip: JACKSONVILLE, FL 32223

I hereby certify that the information supplied with this filing does not qualify for the 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: ADRIENNE JOYNER

MGRM

04/03/2006

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