

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000051281

Entity Name: JAX WHOLESale, LLC

**FILED**  
**Nov 08, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

3988 CATTAIL POND DR  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

13500 SUTTON PARK DR  
BLD 401  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

3988 CATTAIL POND DR  
JACKSONVILLE, FL 32224

**New Mailing Address:**

13500 SUTTON PARK DR  
BLD 401  
JACKSONVILLE, FL 32224

FEI Number: 20-1376359      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:**

MARK, PUSKAR J  
3988 CATTAIL POND DR  
JACKSONVILLE, FL 32224      US

**Name and Address of New Registered Agent:**

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: MARK J PUSKAR

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: M      ( ) Delete  
Name: PUSKAR, MARK J  
Address: 3988 CATTAIL POND  
City-St-Zip: JACKSONVILLE, FL 32224

**ADDITIONS/CHANGES:**

Title: MGMR      (X) Change ( ) Addition  
Name: PUSKAR, MARK J  
Address: 3988 CATTAIL POND  
City-St-Zip: JACKSONVILLE, FL 32224

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: MARK J PUSKAR

MGMR

11/08/2009

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