

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000068682

Entity Name: JJ ELLIS, LLC

FILED
Nov 10, 2005
Secretary of State

Current Principal Place of Business:

3959 VAN DYKE RD. #152
LUTZ, FL 33558

New Principal Place of Business:

Current Mailing Address:

3959 VAN DYKE RD. #152
LUTZ, FL 33558

New Mailing Address:

FEI Number: 74-3133770 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: MARK SCHIFF

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PIRONTI, DENISE
Address: 4593 CAMBRIDGE BLVD. #202
City-St-Zip: PALM HARBOR, FL 34685

Title: MGRM () Delete
Name: PIRONTI, GEORGE JR.
Address: 4593 CAMBRIDGE BLVD. #202
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PIRONTI, DENISE
Address: 19010 COUR ESTATES
City-St-Zip: LUTZ, FL 33558

Title: MGRM (X) Change () Addition
Name: PIRONTI, GEORGE JR.
Address: 19010 COUR ESTATES
City-St-Zip: LUTZ, FL 33558

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DENISE STICKLE PIRONTI

MGRM

11/10/2005

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