

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000078527

FILED
Jun 28, 2008
Secretary of State

Entity Name: JEREMIAH MONTI ENTERPRISES LLC

Current Principal Place of Business:

3307 DESOTA BLVD
PALM HARBOR, FL 34683 US

New Principal Place of Business:

12921 DAVISTA AVENUE
NEW PORT RICHEY, FL 34654 US

Current Mailing Address:

3307 DESOTA BLVD
PALM HARBOR, FL 34683 US

New Mailing Address:

12921 DAVISTA AVENUE
NEW PORT RICHEY, FL 34654 US

FEI Number: 56-2491331 **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:

MONTI, JEREMIAH R
3307 DESOTA BLVD
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

MONTI, JEREMIAH R
12921 DAVISTA AVENUE
NEW PORT RICHEY, FL 34654 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: JEREMIAH R. MONTI

06/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MONTI, JEREMIAH R
Address: 3307 DESOTA BLVD
City-St-Zip: PALM HARBOR, FL 34683 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MONTI, JEREMIAH R
Address: 12921 DAVISTA AVENUE
City-St-Zip: NEW PORT RICHEY, FL 34654 US

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: JEREMIAH R. MONTI

MGR

06/28/2008

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