

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000091859

**FILED**  
**Oct 10, 2005**  
**Secretary of State**

**Entity Name:** AMBER CLARK AND BRENDA BUTTERWORTH LLC

**Current Principal Place of Business:**

504 1ST AVE. SOUTH  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

504 1ST AVE. SOUTH  
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

**FEI Number:** 11-3733893      **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:**

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

CLARK, AMBER  
504 1ST AVE. SOUTH  
JACKSONVILLE BEACH, FL 32250      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:** AMBER CLARK

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM      ( ) Delete  
**Name:** CLARK, AMBER  
**Address:** 210 22ND AVE. SOUTH APT #F  
**City-St-Zip:** JACKSONVILLE BEACH, FL 32250

**Title:** MGRM      ( ) Delete  
**Name:** BUTTERWORTH, BRENDA  
**Address:** 182 ISLAND HARBOR CIRCLE  
**City-St-Zip:** PONTE VEDRA, FL 32082

**ADDITIONS/CHANGES:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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:** AMBER CLARK

MGRM

10/10/2005

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