

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000007459

**FILED**  
**Apr 26, 2008**  
**Secretary of State**

**Entity Name:** BLACKSONVILLE LLC

**Current Principal Place of Business:**

435 CLARK RD.  
SUITE 110  
JACKSONVILLE, FL 32218 US

**New Principal Place of Business:**

1717 SHOREVIEW DRIVE  
JACKSONVILLE, FL 32218 US

**Current Mailing Address:**

435 CLARK RD.  
SUITE 110  
JACKSONVILLE, FL 32218 US

**New Mailing Address:**

PO BOX 28818  
JACKSONVILLE, FL 32226

**FEI Number:** 83-0435933

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SHANNON, JERMYN C  
435 CLARK RD, SUITE 110  
HOPE PLAZA  
JACKSONVILLE, FL 32218 US

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

SHANNON, JERMYN C  
10859 NATALIE ASH DRIVE  
JACKSONVILLE, FL 32218 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: JERMYN C. SHANNON

04/26/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SHANNON, JERMYN C EL  
Address: 1717 SHOREVIEW DRIVE  
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: MGRM ( ) Delete  
Name: SHANNON, JOHN C  
Address: 1717 SHOREVIEW DRIVE  
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: MGR ( ) Delete  
Name: SHANNON, JOEL C  
Address: 1717 SHOREVIEW DRIVE  
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: MGR ( ) Delete  
Name: REIS, CHRISTIAN M  
Address: 7701 TIMBERLIN PARK BLVD, STE 1434  
City-St-Zip: JACKSONVILLE, FL 32256 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SHANNON, JERMYN C EL  
Address: 10859 NATALIE ASH DRIVE  
City-St-Zip: JACKSONVILLE, FL 32218 US

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

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 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: JERMYN C. SHANNON

MR.

04/26/2008

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