

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

DOCUMENT # L05000016786

1. Entity Name
PVB GROUP, LLC



2007 MAR 29 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
225 WATER STREET
SUITE 110
JACKSONVILLE, FL 32202

Mailing Address
225 WATER STREET
SUITE 110
JACKSONVILLE, FL 32202

2. Principal Place of Business - No P.O. Box #
4 Sawgrass Village
Suite, Apt. #, etc.
Suite 240-F

3. Mailing Address
4 Sawgrass Village
Suite, Apt. #, etc.
Suite 240-F

03272007 REIN-LLC CR2E101 (1/07)

City & State
Ponte Vedra Beach, FL
Zip
32082
Country
USA

City & State
Ponte Vedra Beach, FL
Zip
32082
Country
USA

4. FEI Number
20-2354960
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MAXWELL, DOUGLAS R
4309 PABLO OAKS COURT
SUITE FIVE
JACKSONVILLE, FL 32224

7. Name and Address of New Registered Agent

Name
Douglas R. Maxwell
Street Address (P.O. Box Number is Not Acceptable)
10739 Deerwood Park Blvd.
Suite 200A
City
Jacksonville FL Zip Code
32256

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Douglas R. Maxwell*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/27/07

DATE

FILE NOW!!! FEE IS \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
MGRM
D'ELISA, JOHN ☒ Delete
STREET ADDRESS
225 WATER STREET, SUITE 110
CITY-ST-ZIP
JACKSONVILLE, FL 32202

TITLE
NAME
MGRM
SANDLER, PAUL ☐ Delete
STREET ADDRESS
225 WATER STREET, SUITE 110
CITY-ST-ZIP
JACKSONVILLE, FL 32202

TITLE
NAME
MGRM
ORR, BRUCE N ☒ Delete
STREET ADDRESS
225 WATER STREET, SUITE 110
CITY-ST-ZIP
JACKSONVILLE, FL 32202

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
MGRM
TJA Holdings, Inc. ☐ Change ☒ Addition
STREET ADDRESS
4 Sawgrass Village, Suite 240-F
CITY-ST-ZIP
Ponte Vedra Beach, FL 32082

TITLE
NAME
MGM
Sandler, Paul ☒ Change ☐ Addition
STREET ADDRESS
4 Sawgrass Village, Suite 240-F
CITY-ST-ZIP
Ponte Vedra Beach, FL 32082

TITLE
NAME
MGRM
KHnBO Holdings, LLC ☐ Change ☒ Addition
STREET ADDRESS
4 Sawgrass Village, Suite 240-F
CITY-ST-ZIP
Ponte Vedra Beach, FL 32082

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Douglas R. Maxwell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/27/07 (84)992-6949 x107

Date

Daytime Phone #

REINSTATEMENT 06-07