

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000017364

Entity Name: JTS ENTERPRISE, L.L.C.

**FILED**  
**Oct 12, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

19355 NW 90TH COURT  
MIAMI, FL 33018

**New Principal Place of Business:**

6622 GLEN CIRCLE  
NEW SMYRNA BEACH, FL 32168

**Current Mailing Address:**

19355 NW 90TH COURT  
MIAMI, FL 33018

**New Mailing Address:**

6622 GLEN CIRCLE  
NEW SMYRNA BEACH, FL 32168

FEI Number: 56-2501533

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STITELER, JACOB T  
19355 NW 90TH COURT  
MIAMI, FL 33018 US

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

STITELER, JACOB T  
6622 GLEN CIRCLE  
NEW SMYRNA BEACH, FL 32168 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: JACOB T. STITELER

10/12/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: STITELER, JACOB T  
Address: 19355 NW 90TH COURT  
City-St-Zip: MIAMI, FL 33018

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: STITELER, JACOB T  
Address: 6622 GLEN CIRCLE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

I hereby certify that the information supplied with this filing does not qualify for the 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: JACOB T. STITELER

MGRM

10/12/2006

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