

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000019115

**FILED**  
**Oct 04, 2007**  
**Secretary of State**

**Entity Name:** JIMMY CARNES ENTERPRISES, LLC

**Current Principal Place of Business:**

1330 NW 6TH STREET  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

1330 NW 6TH STREET  
SUITE D  
GAINESVILLE, FL 32601

**Current Mailing Address:**

1330 NW 6TH STREET  
GAINESVILLE, FL 32601

**New Mailing Address:**

1330 NW 6TH STREET  
SUITE D  
GAINESVILLE, FL 32601

**FEI Number:** 02-0741287      **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:**

CARNES, JAMES J  
1330 NW 6TH STREET  
GAINESVILLE, FL 32601      US

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

CARNES, JAMES J  
1330 NW 6TH STREET  
SUITE D  
GAINESVILLE, FL 32601      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: JIMMY CARNES

10/04/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: CARNES, JIMMY J  
Address: 1330 NW 6TH ST SUITE D  
City-St-Zip: GAINESVILLE, FL 32601

**ADDITIONS/CHANGES:**

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: JIMMY CARNES

MGRM

10/04/2007

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