

LD5000041617

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
JAZ ENTERPRISES OF FLORIDA, LLC

Certificate of Status	0
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Page Count	02
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Fax No. 1349 P. 3



June 20, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

JAZ ENTERPRISES OF FLORIDA, LLC
, VA 23505US

SUBJECT: JAZ ENTERPRISES OF FLORIDA, LLC
REF: L05000041617

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed on the report form.

The required electronic filing cover sheet was not submitted with the document. Please resubmit the document with the electronic filing cover sheet.

The amendment needs an electronic filing cover sheet.

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Neysa Culligan
Regulatory Specialist II

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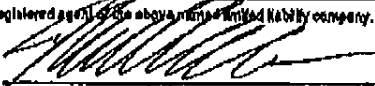
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No. 1349 P. 2

SECRETARY OF STATE
DIVISION OF CORPORATIONS
H11000161567

11 JUN 20 AM 8:43

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L05000041617			
1. Limited Liability Company's Name JAZ ENTERPRISES OF FLORIDA, LLC			
2. Principal Office Address - No P.O. Box # 350 CORPORATE WAY Suite, Apt. #, etc. SUITE 250 City & State ORANGE PARK, FL Zip 32073 Country US		3. Mailing Office Address 1702 NORTH GATE ROAD Suite, Apt. #, etc. NORFOLK, VA City & State NORFOLK, VA Zip 23505 Country US	
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 04/27/2005	
6. FBI Number 202773468		Applied For ☐ Not Applicable ☐	
7. CERTIFICATE OF STATUS DESIRED ☐		8. Additional Fee required for a Certificate of Status ☐	
8. Name and Address of Current Registered Agent Name KIRBY CHRITTON Street Address (P.O. Box Number is Not Acceptable) 1301 RIVERPLACE BOULEVARD Suite, Apt. #, etc. Suite 1500 City Jacksonville State FL Zip Code 32207		E-mail Address: lrhoden@rtlaw.com (To be used for future annual report notices)	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent  Date 6/16/2011 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Member/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City/State/Zip
MR	ZIMMERLY, JOHN P	3021 WEST 8TRATFORD ROAD	VIRGINIA BEACH VA 23455
MR	ZIMMERLY, ARTHUR G	5113 HARVEY GRANT ROAD	ORANGE PARK FL 32003 US
REINSTATEMENT 09-11			
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.405, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 617.15, F.S.			
Signature of Managing Member/Manager 		Date 06/15/2011	Daytime Phone # 904-504-0477
Typed or printed name of signing Managing Member/Manager			

MRM
MRM

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