2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 22, 2007
Secretary of State

DOCUMENT# L05000051866

Entity Name: JR CZYK LLC

Current Principal Place of Business:

2290 WEST CLOVELLY LANE
ST. AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

2290 WEST CLOVELLY LANE
ST. AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: 20-2885842 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MLYNARCZYK, RACHEL
2290 WEST CLOVELLY LANE
ST. AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

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: RACHEL MLYNARCZYK

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MLYNAREZYK, RACHEL
Address: 2290 W. CLOVELLY LN
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: MGRM (X) Delete
Name: MYLNAREZYK, JOSEPH
Address: 2290 W. CLOVELLY LN
City-St-Zip: SAINT AUGUSTINE, FL 32092

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MLYNARCZYK, RACHEL
Address: 2290 W. CLOVELLY LN
City-St-Zip: SAINT AUGUSTINE, FL 32092

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: RACHEL MLYNARCZYK MGRM 10/22/2007

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