2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Jan 11, 2007
Secretary of State

DOCUMENT# L05000054076

Entity Name: THROCKMORTON AND BIG J, LLC

Current Principal Place of Business:

1009 N.W. TERRACE ROAD
STUART, FL 34994

New Principal Place of Business:

3405 ROUND LAKE ROAD
ZELLWOOD, FL 32798

Current Mailing Address:

1009 N.W. TERRACE ROAD
STUART, FL 34994

New Mailing Address:

3405 ROUND LAKE ROAD
ZELLWOOD, FL 32798

FEI Number: 20-2990686 **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:

GIBB, JANET T
1009 N.W. TERRACE ROAD
STUART, FL 34994 US

Name and Address of New Registered Agent:

GIBB, JANET T MEMBER
3405 ROUND LAKE ROAD
ZELLWOOD, FL 32798 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: JANET T GIBB 01/11/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: GIBB, JANET T
Address: 3405 ROUND LAKE ROAD
City-St-Zip: ZELLWOOD, FL 32798 US

Title: MGRM ( ) Change (X) Addition
Name: MACMILLAN, DAVID M
Address: 3405 ROUND LAKE ROAD
City-St-Zip: ZELLWOOD, FL 32798 US

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: JANET T GIBB MS 01/11/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date