

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000064164

Entity Name: THE PHOENIX GROUP LLC

**FILED**  
**Sep 02, 2013**  
**Secretary of State**

## **Current Principal Place of Business:**

4044 GLENHURST DR N  
C/O JAMES A. JACOBS  
JACKSONVILLE, FL 32224

## **New Principal Place of Business:**

3054 CLAIRMONT RD NE  
SUITE A  
ATLANTA, GA 30329

## **Current Mailing Address:**

4044 GLENHURST DR N  
C/O JAMES A. JACOBS  
JACKSONVILLE, FL 32224

## **New Mailing Address:**

3054 CLAIRMONT RD NE  
SUITE A  
ATLANTA, GA 30329

FEI Number: 86-1113222

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

JACOBS, JAMES A  
4044 GLENHURST DR N  
JACKSONVILLE, FL 32224 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: JAMES A JACOBS

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: JACOBS, JAMES A  
Address: 4044 GLENHURST DR N  
City-St-Zip: JACKSONVILLE, FL 32224

Title: PRES  
Name: SHOWERS, ALIZABETH  
Address: 3054 CLAIRMONT RD APT A  
City-St-Zip: ATLANTA, GE 30329

Title: CFO  
Name: HINKLE, RANDY P  
Address: 1800 COUNTY ROAD 1101  
City-St-Zip: VINEMONT, AL 35179

Title: VP  
Name: RIPPON, WILLIAM B  
Address: 1440 EDGEHILL RD #32  
City-St-Zip: SAN BERNARDINO, CA 92405

I hereby 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: RANDY P HINKLE

CFO

09/02/2013

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