

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000079544

Entity Name: JACKSON GORDON, L.L.C.

FILED
Jan 24, 2008
Secretary of State

Current Principal Place of Business:

7087 S. HIGHWAY A1A
B
MELBOURNE BEACH, FL 32951

Current Mailing Address:

7087 S. HIGHWAY A1A
B
MELBOURNE BEACH, FL 32951

New Principal Place of Business:

16375 NE 18TH AVENUE
SUITE 300
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

16375 NE 18TH AVENUE
SUITE 300
NORTH MIAMI BEACH, FL 33162

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

SHAPIRO, IRA R P.A.
16375 NE 18TH AVENUE, #225
NORTH MIAMI BEACH, FL 33162 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: IRA R. SHAPIRO

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JACKSON, MARK
Address: 7087 S. HIGHWAY A1A
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: MGR () Delete
Name: GORDON, ANN J
Address: 16375 NE 18TH AVENUE, #300
City-St-Zip: NORTH MIAMI BEACH, FL 33162

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANN J. GORDON

MGR

01/24/2008

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