

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000092419

Entity Name: KAJY ENTERPRISES LLC

FILED
Oct 05, 2007
Secretary of State

Current Principal Place of Business:

5111TIMUQUANA RD
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

657 MACKENZIE CIRCLE
ST AUGUSTINE, FL 32092 US

Current Mailing Address:

5111TIMUQUANA RD
JACKSONVILLE, FL 32210 US

New Mailing Address:

657 MACKENZIE CIRCLE
ST AUGUSTINE, FL 32092 US

FEI Number: 20-3497914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAJY, LUAY Y
5111TIMUQUANA RD
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

KAJY, LUAY Y
657 MACKENZIE CIRCLE
ST. AUGUSTINE, FL 32092 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: LUAY KAJY

10/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KAJY, LUAY Y
Address: 5111TIMUQUANA RD
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: MGRM (X) Delete
Name: KAJY, LAHEEB Y
Address: 513 KERNAN MILL LN
City-St-Zip: JACKSONVILLE, FL 32259 US

ADDITIONS/CHANGES:

Title: PRS (X) Change () Addition
Name: KAJY, LUAY Y
Address: 657 MACKENZIE CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32092 US

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: LUAY KAJY

PRS

10/05/2007

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