

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 NOV 14 PM 12:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L05000099781

1. Entity Name
JASON R CAMPBELL, LLC



Principal Place of Business
109 SUNDOWN COURT
DAVENPORT, FL 33896

Mailing Address
109 SUNDOWN COURT
DAVENPORT, FL 33896

2. Principal Place of Business - No P.O. Box #
344 NW Spring Hollow Blvd
Suite, Apt. #, etc.

3. Mailing Address
344 NW Spring Hollow Blvd.
Suite, Apt. #, etc.



11062007 REIN-LLC CR2E101 (1/07)

City & State
Lake City, FL
Zip
32055
Country
USA

City & State
Lake City FL
Zip
32055
Country
USA

4. FEI Number
NOT APPLICABLE
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, ROBERT A
109 SUNDOWN COURT
DAVENPORT, FL 33896

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

344 NW Spring Hollow Boulevard

City Lake City FL Zip Code 32055

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

11/9/07
DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2008, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMPBELL, ROBERT A 109 SUNDOWN COURT DAVENPORT, FL 33896	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLM, JASON 1626 SIMS PLACE LAKELAND, FL 33803	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Campbell, Norma H 344 NW Spring Hollow Boulevard Lake City, FL 32055	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Campbell, Robert A 344 NW Spring Hollow Boulevard Lake City, FL 32055	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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11/13/07--01072--009 **50.00

REINSTATEMENT

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Robert Campbell

11/9/07

863-588-1663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #