2006 LIMITED LIABILI

FILED Jun 28, 2006 8:00 am Secretary of State

							JUUI UUU.	•		
DOCUMENT # L05000105844 1. Entity Name JACKGRA, LLC							06-28-2006 9		****50	0.00
Principal Place of Business 4911 59TH AVENUE SOUTH ST. PETERSBURG, FL 33715			Mailing Address 4911 59TH AVENUE SOUTH ST. PETERSBURG, FL 33715			4)BB(18)(B(4	1003/30C		1816 SIE11 S18	BE) (() 1884
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #. etc.		Suite, Apt. #, etc.		06122006	Chg-LLC	CR2E083	(11/05)			
City & State		City & State		4. FEI Numbe	5-3713	203		plied For t Applicable		
Zip	Zip Country		Zip	Country	<i>.</i>	5 Certificate of Status Desired			\$5.00 Additional Fee Required	
	6. Name	and Address of Current F	Registered Agent		· - · · · · · · · · · · · · · · · · · ·	7. Name and	Address of New Re	gistered Ag	ent	
					Name					
GALLAWA 4911 59TH ST. PETER	IÁVENUE	SOUTH	Street Address		(P.O. Box Numb	er is Not Acceptable))			
					City	E				
F 7		_						<u>FL</u>	,	
the obligati	named entity ions of registe		the purpose of changing its	registered	d office or registe	ered agent, or bo	th, in the State of Flor	rida. I am far	niliar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent a	and title if applicable. (NOT	E: Registered A	Agent signature require	ed when reinstating)		DATE		
Filing Fee is \$50.00 Due by September 6, 2006										
Fili Due b	ing Fee is by Septem	\$50.00 ber 6, 2006					Florida	check pay Departmen		e
Fill Due b	ing Fee is by Septem	\$50.00 aber 6, 2006 MANAGING MEMBE	RS/MANAGERS	10.				check pay Departmen		Đ
9. TITLE NAME STREET ADDRESS	MGRM GALLAWA 4911 59TH	MANAGING MEMBER AY, JOHN M H AVENUE SOUTH	RS/MANAGERS Delete	TITLE NAME	ADDRESS 51-72P		Florida	check pay Departmen		Addition
9. TITLE	MGRM GALLAWA 4911 59TH	MANAGING MEMBER		TITLE NAME STREET CITY-S TITLE NAME	TADDRESS		Florida	e check pay Departmen CHANGES	nt of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM GALLAWA 4911 59TH	MANAGING MEMBER AY, JOHN M H AVENUE SOUTH	☐ Delete	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME	T ADDRESS T ADDRESS		Florida	e check pay Departmen CHANGES	Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	MGRM GALLAWA 4911 59TH	MANAGING MEMBER AY, JOHN M H AVENUE SOUTH	□ Delete	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S	ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP		Florida	e check pay Departmen CHANGES	Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	MGRM GALLAWA 4911 59TH	MANAGING MEMBER AY, JOHN M H AVENUE SOUTH	☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP		Florida	e check pay Departmen	change Change	Addition Addition Addition

11. Thereby 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.

CITY-ST-ZIP

727-866-8183 SIGNATURE: AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CITY-ST-ZIP