

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000109493

Entity Name: JB'S DEBRIS REMOVAL LLC

**FILED**  
**Apr 16, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

3810 VALLEY LANE  
TITUSVILLE, FL 32780

**New Principal Place of Business:**

1318 SHANNON CT  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

3810 VALLEY LANE  
TITUSVILLE, FL 32780

**New Mailing Address:**

1318 SHANNON CT  
ROCKLEDGE, FL 32955

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)  
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:**

BULLARD, JACOB B  
3810 VALLEY LANE  
TITUSVILLE, FL 32780 US

**Name and Address of New Registered Agent:**

BULLARD, JACOB V  
1318 SHANNON CT  
ROCKLEDGE, FL 32955 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: JACOB V. BULLARD

04/16/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BULLARD, JACOB B  
Address: 3810 VALLEY LANE  
City-St-Zip: TITUSVILLE, FL 32780

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BULLARD, JACOB V  
Address: 1318 SHANNON CT  
City-St-Zip: ROCKLEDGE, FL 32955

I hereby certify that the information supplied with this filing does not qualify for the 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: JACOB V. BULLARD

MGR

04/16/2007

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