

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000112730

Entity Name: JACOB ABRAHAM, LLC

FILED
Nov 20, 2009
Secretary of State

Current Principal Place of Business:

2815 E HENRY AVENUE
SUITE B-4
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

2815 E HENRY AVENUE
SUITE B-4
TAMPA, FL 33610

New Mailing Address:

FEI Number: 20-3787937 FEI Number Applied For () FEI Number Not Applicable () 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:

Name and Address of New Registered Agent:

SCHMITT, DAVID A JR
4503 HICKORY LANE
BRANDON, FL 33511 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: DAVID SCHMITT

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHMITT, DAVID A JR
Address: 4503 HICKORY LN
City-St-Zip: BRANDON, FL 33511 US

Title: MGRM () Delete
Name: MALOUF, JASON F
Address: 3107 MOSSVALE LANE
City-St-Zip: TAMPA, FL 33618 US

Title: MGRM () Delete
Name: HYER, RAYMOND T
Address: 4129 SALTWATER BLVD
City-St-Zip: TAMPA, FL 33615 US

ADDITIONS/CHANGES:

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

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: RAYMOND T HYER

MGRM

11/20/2009

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