

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000119156

Entity Name: J & L ESTATES, LLC

FILED
Oct 06, 2006
Secretary of State

Current Principal Place of Business:

14225 NORTHWEST 1ST AVENUE
MIAMI, FL 33168

New Principal Place of Business:

14225 NORTHWEST 1ST AVENUE
MIAMI, FL 33168

Current Mailing Address:

14225 NORTHWEST 1ST AVENUE
MIAMI, FL 33168

New Mailing Address:

P.O. BOX 680141
MIAMI, FL 33168

FEI Number: 22-3918972

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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: ELSIE SANCHEZ

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DE LA CRUZ, LINDA
Address: 14225 NORTHWEST 1ST AVENUE
City-St-Zip: MIAMI, FL 33168

Title: MGR () Delete
Name: DE LA CRUZ, JASMELY
Address: 14225 NORTHWEST 1ST AVENUE
City-St-Zip: MIAMI, FL 33168

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DE LA CRUZ, LINDA
Address: 14225 NORTHWEST 1ST AVENUE
City-St-Zip: MIAMI, FL 33168

Title: MGR (X) Change () Addition
Name: DE LA CRUZ, JASMELY
Address: 14225 NORTHWEST 1ST AVENUE
City-St-Zip: MIAMI, FL 33168

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: LINDA DE LA CRUZ

MGR

10/06/2006

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