

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000120773

1. Entity Name
ST. JACQUES LLC



FILED

07 JAN 26 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
545 1/2 EAST PARK AVE.
APT. A
TALLAHASSEE, FL 32301

Mailing Address
545 1/2 EAST PARK AVE.
APT. A
TALLAHASSEE, FL 32301

2. Principal Place of Business - No P.O. Box #
2328 Saxon St.
Suite, Apt. #, etc.

3. Mailing Address
2328 Saxon St.
Suite, Apt. #, etc.

City & State
Tallahassee FL, 32310
Zip
32310 Country
US

City & State
Tallahassee, FL 32310
Zip
32310 Country
US

01242007 REIN-LLC CR2E101 (1/07)

4. FEI Number
20-3967876 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

EVARISTE, JEFFRY
545 1/2 EAST PARK AVE.
APT. A
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name
Evariste Jeffry
Street Address (P.O. Box Number is Not Acceptable)
2328 Saxon St.
City
Tallahassee FL Zip Code
32310

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 (NOTE: Registered Agent signature required when reinstating) DATE **1/10/07**

FILE NOW!!! FEE IS \$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
(MGR) Jeffry Evariste
2900 NW 3rd Pl
Miami FL 32310 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition
600086825976
01/31/07-01057-009 **150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition
600086825976
01/31/07-01057-009 **100.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition
REINSTATEMENT
06, 07

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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

1/26/07 (305) 761-6937 Date Daytime Phone #