

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000016578

Entity Name: I.J.E. NAPLES, LLC

FILED  
Oct 07, 2008  
Secretary of State

**Current Principal Place of Business:**

2950 TAMIAMI TRAIL NORTH STE 1  
NAPLES, FL 34103

**New Principal Place of Business:**

6355 NAPLES BLVD.  
STE. 8  
NAPLES, FL 34109

**Current Mailing Address:**

2950 TAMIAMI TRAIL NORTH STE 1  
NAPLES, FL 34103

**New Mailing Address:**

6355 NAPLES BLVD.  
STE. 8  
NAPLES, FL 34109

FEI Number: 20-4263146      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:**

KLEIN, LAWRENCE B  
2950 TAMIAMI TRAIL NORTH STE 1  
NAPLES, FL 34103      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: LAWRENCE KLEIN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR.      ( ) Delete  
Name: LAWRENCE, KLEIN B  
Address: 2950 TAMIAMI TRAIL #1  
City-St-Zip: NAPLES, FL 34103

**ADDITIONS/CHANGES:**

Title: MR.      (X) Change      ( ) Addition  
Name: LAWRENCE, KLEIN B  
Address: 6355 NAPLES BLVD., STE.8  
City-St-Zip: NAPLES, FL 34109

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: LAWRENCE B. KLEIN

PRES

10/07/2008

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