

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000023488

1. Entity Name  
JARY SERVICES, LLC



Principal Place of Business  
930 N.W. 128TH COURT  
MIAMI, FL 33182

Mailing Address  
930 N.W. 128TH COURT  
MIAMI, FL 33182

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11022007 REIN-LLC CR2E101 (1/07)

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARC AUERBACH ESQ.  
201 S. BISCAYNE BLVD.  
SUITE 2000  
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name ALEJANDRO ROMERO

Street Address (P.O. Box Number is Not Acceptable)

930 NW 128 ST.

City MIAMI

FL

Zip Code 33182

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

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
After January 1, 2008, Fee will be \$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

10. ADDITIONS / CHANGES

TITLE MGR  
NAME ALEJANDRO ROMERO  
STREET ADDRESS 930 N.W. 128TH COURT  
CITY-ST-ZIP MIAMI, FL 33182 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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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]*

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

Date

Daytime Phone #

FILED

07 NOV -6 PM 1:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

