## 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L06000024373

Entity Name: J&JPROPERTIES, LLC

Address:

City-St-Zip:

5500 ORANGE AVENUE

FORT PIERCE, FL 34947

FILED Jan 09, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 48 HIGHWAY 19 SOUTH 3 HARRISON AVE INGLIS, FL 34449 INGLIS, FL 34449 **Current Mailing Address: New Mailing Address:** 48 HIGHWAY 19 SOUTH POB 858 INGLIS, FL 34449 INGLIS, FL 34449 FEI Number: 76-0824070 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: WILLIAMS, JAMES C WILLIAMS, JAMES C 48 HIGHWAY 19 SOUTH 3 HARRISON AVE US INGLIS, FL 34449 INGLIS, FL 34449 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: JAMES WILLIAMS 01/09/2008 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete WILLIAMS, JAMES C Name: Name: Address: 48 HIGHWAY 19 SOUTH Address: City-St-Zip: INGLIS, FL 34449 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: WILLIAMS, JODI R Name: Address: 48 HIGHWAY 19 SOUTH Address: City-St-Zip: INGLIS, FL 34449 City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition MILLER, JOSEPH G Name: Name: 5500 ORANGE AVENUE Address: Address: City-St-Zip: FORT PIERCE, FL 34947 City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition Name: MILLER, S. ANNETTE Name:

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.

Address:

City-St-Zip:

SIGNATURE: JAMES C WILLIAMS MGRM 01/09/2008