

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000028856

Entity Name: JABTEK LLC

FILED  
Mar 23, 2009  
Secretary of State

**Current Principal Place of Business:**

2827 TAMiami TRAIL  
CRESTVIEW, FL 32539

**New Principal Place of Business:**

14835 LITTLE BLUE LANE  
SOUTHPORT, FL 32409 US

**Current Mailing Address:**

2827 TAMiami TRAIL  
CRESTVIEW, FL 32539

**New Mailing Address:**

14835 LITTLE BLUE LANE  
SOUTHPORT, FL 32409 US

FEI Number: 20-4518039      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:**

BUSH, JASON A  
2827 TAMiami TRAIL  
CRESTVIEW, FL 32539 US

**Name and Address of New Registered Agent:**

BUSH, JASON A  
14835 LITTLE BLUE LANE  
SOUTHPORT, FL 32409 US

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: JASON BUSH

03/23/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BUSH, JASON A  
Address: 2827 TAMiami TRAIL  
City-St-Zip: CRESTVIEW, FL 32539

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BUSH, JASON A  
Address: 14835 LITTLE BLUE LANE  
City-St-Zip: SOUTHPORT, FL 32409

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: JASON BUSH

MGRM

03/23/2009

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