2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Dec 04, 2007
Secretary of State

DOCUMENT# L06000051004

Entity Name: DOUBLE A ENTERPRISES, LLC

Current Principal Place of Business:

9381 THORN GLEN RD.
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

1038-5 DUNN AVE, PMB47
JACKSONVILLE, FL 32218

New Mailing Address:

P.O. BOX 1562
YULEE, FL 32041

FEI Number: 20-2275585 **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:

ADEKUNLE, OLUKEMI
9381 THORN GLEN RD.
JACKSONVILLE, FL 32208 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: OLUKEMI ADEKUNLE

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ADEKUNLE, YEMI
Address: 9381 THORN GLEN RD.
City-St-Zip: JACKSONVILLE, FL 32208

Title: MGR ( ) Delete
Name: ADEKUNLE, OLUKEMI
Address: 9381 THORN GLEN RD.
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: OLUKEMI ADEKUNLE MGR 12/04/2007

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