

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000055360

Entity Name: LABRANCHE HOLDINGS, L.L.C.

**FILED**  
**Oct 26, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

10133 SUMMER PINES RD  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

4501 CROSSTIE RD N.  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

10133 SUMMER PINES RD  
JACKSONVILLE, FL 32257

**New Mailing Address:**

4501 CROSSTIE RD N.  
JACKSONVILLE, FL 32257

FEI Number: 56-2586185

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LABRANCHE, JOSEPH L JR  
10133 SUMMER PINES COURT  
JACKSONVILLE, FL 32257 US

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

LABRANCHE, JOSEPH L JR  
4501 CROSSTIE RD N.  
JACKSONVILLE, FL 32257 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: JOSEPH L. LABRANCHE JR.

10/26/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LABRANCHE, CAROL  
Address: 2917 JENNINGS CT  
City-St-Zip: CUMMING, GA 30040

Title: MGRM  
Name: LABRANCHE, JOSEPH L SR.  
Address: 2917 JENNINGS CT  
City-St-Zip: CUMMING, GA 30040

Title: MGRM  
Name: LABRANCHE, JOSEPH L JR  
Address: 4501 CROSSTIE RD N.  
City-St-Zip: JACKSONVILLE, FL 32257

I hereby 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: JOSEPH L. LABRANCHE JR.

V.P

10/26/2010

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