

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000055797

Entity Name: JACOBY, LLC

**FILED**  
**Sep 29, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

700 NW 107TH AVENUE  
PEMBROKE PINES, FL 33026

**New Principal Place of Business:**

**Current Mailing Address:**

700 NW 107TH AVENUE  
PEMBROKE PINES, FL 33026

**New Mailing Address:**

FEI Number: 20-4997682      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:**

LEVINE, GARY M MGRM  
12101 W. SUNRISE BLVD  
PLANTATION, FL 33323      US

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

LEVINE, GARY M MGRM  
700 NW 107 AVE  
PEMBROKE PINES, FL 33026      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: GARY M LEVINE

09/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: LEVINE, GARY  
Address: 700 NW 107TH AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33026

**ADDITIONS/CHANGES:**

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: GARY M LEVINE

MGRM

09/29/2009

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