

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000070369

Entity Name: JGS LLC

**FILED**  
**Oct 29, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

3208 FAIRFIELD DRIVE  
KISSIMMEE, FL 34743

**New Principal Place of Business:**

**Current Mailing Address:**

3208 FAIRFIELD DRIVE  
KISSIMMEE, FL 34743

**New Mailing Address:**

3801 SOUTH OCEAN DRIVE  
N-15X  
HOLLYWOOD, FL 33019 29

FEI Number: 31-1609859      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:**

RIANI, MARIA M  
3208 FAIRFIELD DRIVE  
KISSIMMEE, FL 34743      US

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

RIANI, MARIA M  
3801 SOUTH OCEAN DRIVE  
N-15X  
HOLLYWOOD, FL 33019 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: MARIA M RIANI

10/29/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: GUERRA, JUAN  
Address: 3208 FAIRFIELD DRIVE  
City-St-Zip: KISSIMMEE, FL 34743

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: GUERRA, JUAN  
Address: 3801 SOUTH OCEAN DRIVE APT. 15-X  
City-St-Zip: HOLLYWOOD, FL 33019 29

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: JUAN GUERRA

MGRM

10/29/2007

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