

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

09 JUL 28 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000078002

1. Entity Name
JUDSKI ENTERPRISES, LLC



Principal Place of Business

15 ARBOR CLUB DRIVE
#105
PONTE VEDRA BEACH, FL 32082

Mailing Address

15 ARBOR CLUB DRIVE
#105
PONTE VEDRA BEACH, FL 32082

2. Principal Place of Business - No P.O. Box #

105 Cannon Court W.

Suite, Apt. #, etc.

3. Mailing Address

105 Cannon Court W.

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, Florida

Zip
32082

Country

City & State

Ponte Vedra Beach, Florida

Zip
32082

Country

07102009 REIN-LLC

CR2E101 (1/07)

4. FEI Number

56-2605052

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WELCH, AMANDA L
15 ARBOR CLUB DRIVE #105
PONTE VEDRA BEACH, FL 32082

7. Name and Address of New Registered Agent

Name
Frank Attinger

Street Address (P.O. Box Number is Not Acceptable)

105 Cannon Court W.

City
Ponte Vedra Beach,

FL

Zip Code
32082

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name, registered agent, and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
WELCH, JUDY
15 ARBOR CLUB DRIVE #105
PONTE VEDRA BEACH, FL 32082

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
Frank Attinger
105 Cannon Court W.
Ponte Vedra Beach, Florida 32082

☒ Change ☐ Addition

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CITY - ST - ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Frank Attinger

Date

Daytime Phone #

(904)

280-1904