

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000089787

FILED
Mar 04, 2010
Secretary of State

Entity Name: J & J INVESTMENT PROPERTIES LLC

Current Principal Place of Business:

6171 59TH PLACE NORTH
ST. PETERSBURG, FL 33709

New Principal Place of Business:

12579 KARA LYNN PL
TYLER, TX 75704 US

Current Mailing Address:

P.O. BOX 154
13176 NORTH DALE MABRY HIGHWAY
TAMPA, FL 33618

New Mailing Address:

12579 KARA LYNN PL
TYLER, TX 75704 US

FEI Number: 22-3943096 **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:

JOHNSON, STEVE N
6171 59TH PLACE NORTH
SAINT PETERSBURG, FL 33709 US

Name and Address of New Registered Agent:

SCOURTAS, LOUIS C
2430 ESTANCIA BLVD
108
CLEARWATER, FL 33761 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: LOUIS C. SCOURTAS

03/04/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: JOHNSON, N. STEVE
Address: 6171 59TH PLACE NORTH
City-St-Zip: ST. PETERSBURG, FL 33709

Title: MGR
Name: JOHNSON, MICHELLE
Address: 6171 59TH PLACE NORTH
City-St-Zip: ST. PETERSBURG, FL 33709

Title: S
Name: JOHNSON, MICHELLE
Address: 6171 59TH PLACE NORTH
City-St-Zip: ST. PETERSBURG, FL 33709

Title: T
Name: JOHNSON, N. STEVE
Address: 6171 59TH PLACE NORTH
City-St-Zip: ST. PETERSBURG, FL 33709

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: N. STEVE JOHNSON

MGR

03/04/2010

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