

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000091057

Entity Name: 1095 LLC

FILED  
Jan 06, 2009  
Secretary of State

**Current Principal Place of Business:**

1843 ATLANTIC BLVD  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

1843 ATLANTIC BLVD  
JACKSONVILLE, FL 32207

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) 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:**

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

BARNES, ROBERT M  
837 CEDAR STREET  
JACKSONVILLE, FL 32207 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: ROBERT M. BARNES

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BARNES, ROBERT M  
Address: 837 CEDAR STREET  
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGR ( ) Delete  
Name: BARNES, ALESIA  
Address: 837 CEDAR STREET  
City-St-Zip: JACKSONVILLE, FL 32207

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBERT M. BARNES

MR.

01/06/2009

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