

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

192

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY 29 PM 12:00



DOCUMENT # L06000109109				1. Entity Name JJ & AM GROUP, LLC	
Principal Place of Business 583 PONDELLA RD B NORTH FT MYERS, FL 33903 US			Mailing Address 583 PONDELLA RD B NORTH FT MYERS, FL 33903 US		
2. Principal Place of Business - No P.O. Box # 583 Pondella Rd			3. Mailing Address 583 Pondella Rd		
Suite, Apt. #, etc. B			Suite, Apt. #, etc. B		
City & State North FT Myers FL			City & State North FT Myers FL		
Zip 33903		Country US		Zip 33903	
Country US		4. FEI Number 20-5868329			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent INTEGRO MANAGEMENT CORP 19516 SW 49 CT MIRAMAR, FL 33029				7. Name and Address of New Registered Agent Name: Juan Pablo SIERRA Street Address (P.O. Box Number is Not Acceptable) 583 Pondella Rd Ste # B City: North Ft. Myers FL Zip Code: 33903	
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: Juan P. Sierra <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM INTEGRO MANAGEMENT CORP 19516 SW 49 CT MIRAMAR, FL 33029	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300156589143 06/01/09--01003--006 **138.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SIERRA, JUAN P 583 PONDELLA RD # B NORTH FT MYERS, FL 33903	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT w/o/p 08-09	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	- Let 5/29/09	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300156589143 06/01/09--01003--007 **138.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Juan P. Sierra			05/20/09 239-5669333		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

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April 12 2009

Florida Department of State

This letter is to notify that we have not received any notice to renew the documents of the organization for JJ& AM Group , LLC . Document number L06000109109.

We are located at 583 Pondella Rd. Suite B North Fort Myers Fl 33903 and we want to renew our document for 2007-2008 and 2008-2009.

I am sending a \$ 300 dollars with this letter for the document renewal.

Please don't hesitate to contact us.

Sincerely,

Beatriz E. Rodriguez.
Beatriz Rodriguez
Manager
Ph (239)997-9994.
FEI Number 205868329

-Adm. Diss
- must reinst
- 277.50