

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000120269

Entity Name: JOPICO, LLC

**FILED**  
**Oct 22, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

966 HUNGERFORD DRIVE STE 3B  
ROCKVILLE, MD 20850

**New Principal Place of Business:**

**Current Mailing Address:**

966 HUNGERFORD DRIVE STE 3B  
ROCKVILLE, MD 20850

**New Mailing Address:**

FEI Number: 20-8107180

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

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

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: SUE G. KNIGHT

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JOPICO S.A.R.L.  
Address: 966 HUNGERFORD DRIVE STE 3B  
City-St-Zip: ROCKVILLE, MD 20850

Title: MGR ( ) Delete  
Name: OSTRONIC, FRANCIS P  
Address: 966 HUNGERFORD DRIVE 3B  
City-St-Zip: ROCKVILLE, MD 20850

**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: FRANCIS P.OSTRONIC

MGR

10/22/2009

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