

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000005934

Entity Name: MICHAEL C. JONES LLC

**FILED**  
**Oct 10, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

5501 WENDY LN.  
NAPLES, FL 34112

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7975  
NAPLES, FL 34101

**New Mailing Address:**

FEI Number: 80-0207802

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JONES, MICHAEL C  
5501 WENDY LN.  
NAPLES, FL 34112 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: MICHAEL C. JONES

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: JONES, MICHAEL C  
Address: PO BOX 7975  
City-St-Zip: NAPLES, FL 34101

Title: AMBR  
Name: JONES, MICHAEL C JR  
Address: PO BOX 7975  
City-St-Zip: NAPLES, FL 34101

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: MICHAEL C JONES

MGR

10/10/2014

Electronic Signature of Authorized Person

Date