

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000019532

Entity Name: THE JONES COMPANY LLC

FILED
May 15, 2009
Secretary of State

Current Principal Place of Business:

3356 B NORTH MERIDIAN WAY
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

3356 B NORTH MERIDIAN WAY
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 20-8891669 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:

Name and Address of New Registered Agent:

JONES, DONIELLE
3356 B NORTH MERIDIAN WAY
PALM BEACH GARDENS, FL 33410 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: DONIELLE JONES

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JONES, DONIELLE
Address: 3356 B NORTH MERIDIAN WAY
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGR () Delete
Name: JONES, JOEL
Address: 3356 B NORTH MERIDIAN WAY
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES:

Title: CEO (X) Change () Addition
Name: JONES, DONIELLE
Address: 3356 B NORTH MERIDIAN WAY
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: DONIELLE JONES

CEO

05/15/2009

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