

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000021675

**FILED**  
**Nov 20, 2008**  
**Secretary of State**

**Entity Name:** TRIPLE J CATTLE LLC

**Current Principal Place of Business:**

1770 FAUST DRIVE  
ENGLEWOOD, FL 34224 US

**New Principal Place of Business:**

265 N JACKSON RD  
VENICE, FL 34292 US

**Current Mailing Address:**

1770 FAUST DRIVE  
ENGLEWOOD, FL 34224 US

**New Mailing Address:**

265 N JACKSON RD  
VENICE, FL 34292 US

**FEI Number:** 20-8594736      **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:**

JANSCH, KEVIN  
1770 FAUST DRIVE  
ENGLEWOOD, FL 34224 US

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

JANSCH, KEVIN  
265 N JACKSON RD  
VENICE, FL 34292 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: KEVIN D JANSCH

11/20/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JANSCH, KEVIN  
Address: 1770 FAUST DRIVE  
City-St-Zip: ENGLEWOOD, FL 34224 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: JANSCH, KEVIN  
Address: 265 N JACKSON RD  
City-St-Zip: VENICE, FL 34292 US

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: KEVIN D JANSCH

MGRM

11/20/2008

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