

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000039138

Entity Name: JAY & C'S LLC

FILED
Feb 16, 2009
Secretary of State

Current Principal Place of Business:

4943 ORMEWOOD AVE
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

4943 ORMEWOOD AVE
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 20-8836518 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:

PENN, JAYSON D
4943 ORMEWOOD AVE
JACKSONVILLE, FL 32207 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: JAY PENN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PENN, JAYSON D
Address: 4943 ORMEWOOD AVE
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: MGRM () Delete
Name: CANNON, COREY R
Address: 7920 MERRILLE RD APT 1509
City-St-Zip: JACKSONVILLE, FL 32277 US

Title: MGRM () Delete
Name: WALKER, STACIE L
Address: 4943 ORMEWOOD AVE
City-St-Zip: JACKSONVILLE, FL 32207 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAY PENN

MGR

02/16/2009

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