

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 NOV 26 AM 11:58

DOCUMENT # L07000040471

1. Entity Name
JACK MCGUIRE JR. LLC.



Principal Place of Business

4518 SE FORT KING
OCALA, FL 34470

Mailing Address

4518 SE FORT KING
OCALA, FL 34470

2. Principal Place of Business - No P.O. Box #

4306 NE 9th Street

Suite, Apt. #, etc.

Ocala, FL ~~34470~~

3. Mailing Address

4306 NE 9th Street

Suite, Apt. #, etc.

Ocala, FL



11132008 REIN-LLC CR2E101 (1/07)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCGUIRE, JACK H JR.
4518 SE FORT KING
OCALA, FL 34470

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jack McGuire Jr. Jack McGuire, Jr.; mgr. 11/20/08
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$238.75
After January 1, 2009, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME MCGUIRE, JACK H JR
STREET ADDRESS 4518 SE FORT KING
CITY-ST-ZIP Ocala, FL 34470

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4306 NE 9th Street
CITY-ST-ZIP Ocala, FL 34470

TITLE ☐ Change ☐ Addition
NAME 500138181955
STREET ADDRESS 11/21/08--01037--017
CITY-ST-ZIP **243.75

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Jack McGuire Jr.* 11/20/08 352-817-7106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

REINSTATEMENT 2008