


2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUN -9 PM 1:38

DOCUMENT # L07000085895 1. Entity Name 443 AMECA AVENUE, L.L.C.	
--	---

Principal Place of Business 12463 ALADDIN RD JACKSONVILLE, FL 32223	Mailing Address 12463 ALADDIN RD JACKSONVILLE, FL 32223
---	---



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

05282009 REIN-LLC CR2E101 (1/07)

City & State	City & State
--------------	--------------

4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
---------------	---

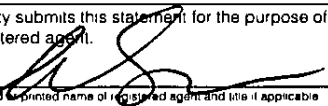
Zip	Country	Zip	Country
-----	---------	-----	---------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent SIMPSON, ANDREA 12463 ALADDIN RD JACKSONVILLE, FL 32223
--

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:  (NOTE: Registered Agent signature required when reinstating) DATE: 6-3-09

FILE NOW!!! FEE IS \$377.50

**Make check payable to
Florida Department of State**


9. MANAGING MEMBERS/MANAGERS	
TITLE: <u>MGR</u> NAME: <u>ANDREA SIMPSON</u> STREET ADDRESS: <u>12463 ALADDIN RD</u> CITY-ST-ZIP: <u>JACKSONVILLE FL 32223</u>	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

500156991305
06/10/09--01042--011 **377.50

REINSTATEMENT 2008, 2009

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date: _____ Daytime Phone #: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 JUN -9 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 28, 2009

443 AMECA AVENUE, L.L.C.
12463 ALADDIN RD
JACKSONVILLE, FL 32223

SUBJECT: 443 AMECA AVENUE, L.L.C.
Ref. Number: L07000085895

We have received your document for 443 AMECA AVENUE, L.L.C. and check(s) totaling \$377.50. However, your check(s) and document are being returned for the following:

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 009A00018021