

2008 LIMITED LIABILITY COMPANY REIN STATEMENT

DOCUMENT # L07000086024

1. Entity Name
JRMARSH, LLC



FILED

2008 DEC 16 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
14117 RIVERSTONE DRIVE
TAMPA, FL 33624

Mailing Address
14117 RIVERSTONE DRIVE
TAMPA, FL 33624

2. Principal Place of Business - No P.O. Box #
14117 Riverstone Dr.

3. Mailing Address
14117 Riverstone Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10302008 REIN-LLC CR2E101 (1/07)

City & State
Tampa, Florida

City & State
Tampa, Florida

4. FEI Number
26-0822258

Applied For
Not Applicable

Zip
33624

Country
USA

Zip
33624

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331

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 *[Signature]* NRAI Services, Inc., by Meghan Record, Asst. Sec.

10-30-08

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After January 1, 2009, Fee will be \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME MARSHALL, JERRY J JR.
STREET ADDRESS 14117 RIVERSTONE DRIVE
CITY-STATE-ZIP TAMPA, FL 33624 ☐ Delete

TITLE MGRM
NAME MARSHALL, GINNELL R
STREET ADDRESS 14117 RIVERSTONE DRIVE
CITY-STATE-ZIP TAMPA, FL 33624 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
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CITY-STATE-ZIP ☐ Delete

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CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition
500139024865
12/15/08--01060--012 **138.75

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

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

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

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

Jerry L. Marshall Jr., Member

1 Nov 2008

Date

813 264 1652

Daytime Phone #