

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000087602

1. Entity Name
JAMON LLC



Principal Place of Business
1023 US HWY 19
HOLIDAY, FL 34691

Mailing Address
1023 US HWY 19
HOLIDAY, FL 34691

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11062008 REIN-LLC

CR2E101 (1/07)

4. FEI Number

26-0792521

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEATTY, JACK L
1023 US HWY 19
HOLIDAY, FL 34691

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/6/08

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 MGR ☐ Delete
NAME BEATTY, JACK L
STREET ADDRESS 10220 U.S. HIGHWAY 19 SUITE 420
CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE MGR ☐ Delete
NAME WILLIAMS, MONICA A
STREET ADDRESS 10220 U.S. HIGHWAY 19 SUITE 420
CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1023 US HWY 19
CITY-ST-ZIP Holiday, FL 34691

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1023 US HWY 19
CITY-ST-ZIP Holiday, FL 34691

TITLE ☐ Change ☐ Addition
NAME 900137857399
STREET ADDRESS 11/12/08--01047--004 **138.75
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

11/6/08 (727) 939-2500

FILED

2008 NOV 12 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

