

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000088443

1. Entity Name  
JOHNNY EAGLE, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 DEC -9 PM 1:29

Principal Place of Business  
3436 LAKESHORE BLVD  
JACKSONVILLE, FL 32210 US

Mailing Address  
P.O. BOX 440667  
JACKSONVILLE, FL 32222 US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11042008 REIN-LLC CR2E101 (1/07)

City & State

City & State

4. FEI Number

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

EDWARDS, WILLIAM T JR  
165 WELLS ROAD  
SUITE 402  
ORANGE PARK, FL 32073

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

**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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR  
MCFAUL, JOHN M  
P.O. BOX 440667  
JACKSONVILLE, FL 32222

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

300138438723  
12/04/08--01027--009 \*\*238.75

TITLE  
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STREET ADDRESS  
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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

**REINSTATEMENT 2008**

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 #

11/18/08 715-292-1798