

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000108031

**FILED**  
**Oct 10, 2008**  
**Secretary of State**

**Entity Name:** J BARR CONSULTING, LLC

**Current Principal Place of Business:**

19501 WEST COUNTRY CLUB DRIVE, SUITE 2603  
AVENTURA, FL 33160

**New Principal Place of Business:**

19501 WEST COUNTRY CLUB DRIVE  
SUITE 2603  
AVENTURA, FL 33160

**Current Mailing Address:**

19501 WEST COUNTRY CLUB DRIVE, SUITE 2603  
AVENTURA, FL 33160

**New Mailing Address:**

19501 WEST COUNTRY CLUB DRIVE  
SUITE 2603  
AVENTURA, FL 33160

**FEI Number:** 26-2849019

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HCRM CORP.  
2200 NW CORPORATE BLVD., SUITE 401  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

AXIS LAW GROUP, P.L.  
1228 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

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.

SIGNATURE: DONALD L. WEST, JR., ESQ.

10/10/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: BARR, JASON H  
Address: 19501 W. COUNTRY CLUB DRIVE, SUITE #2603  
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JASON BARR

MGRM

10/10/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date