

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000023672

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** JEAN GERALD FLEURIMOND, LLC

**Current Principal Place of Business:**

3370 CINCINNATI STREET  
NORTH PORT, FL 34286

**New Principal Place of Business:**

3370 CINCINNATI STREET  
NORTH PORT, FL 34286 US

**Current Mailing Address:**

3370 CINCINNATI STREET  
NORTH PORT, FL 34286

**New Mailing Address:**

3370 CINCINNATI STREET  
NORTH PORT, FL 34286 US

**FEI Number:** 59-2815440

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FLEURIMOND, JEAN G  
3370 CINCINNATI STREET  
NORTH PORT, FL 34286 US

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

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:** JEAN FLEURIMOND

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** FLEURIMOND, JEAN G  
**Address:** 3370 CINCINNATI STREET  
**City-St-Zip:** NORTH PORT, FL 34286 US

I hereby 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:** JEAN FLEURIMOND

MGRM

03/15/2011

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