

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000026996

**FILED**  
**Jan 15, 2010**  
**Secretary of State**

**Entity Name:** JUNGLE BOTANICALS, LLC.

**Current Principal Place of Business:**

5795 NORTH SALFORD BOULEVARD  
NORTH PORT, FL 34286 US

**New Principal Place of Business:**

**Current Mailing Address:**

5795 NORTH SALFORD BOULEVARD  
NORTH PORT, FL 34286 US

**New Mailing Address:**

FEI Number: 26-2189013      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

HUGHSTON, ROBERT  
5795 NORTH SALFORD BOULEVARD  
NORTH PORT, FL 34286 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: ROBERT HUGHSTON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HUGHSTON, ROBERT  
Address: 5795 NORTH SALFORD BOULEVARD  
City-St-Zip: NORTH PORT, FL 34286 US

Title: MGRM  
Name: HUGHSTON, SCOTT  
Address: 4302A WEST FRANKLIN STREET  
City-St-Zip: RICHMOND, VA 23221 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: ROBERT HUGHSTON

OWNE

01/15/2010

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