

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000061557

Entity Name: JLNJ, LLC.

FILED  
Oct 14, 2009  
Secretary of State

**Current Principal Place of Business:**

808 BRICKELL KEY DRIVE, APT. 1701  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

808 BRICKELL KEY DRIVE, APT. 1701  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) 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:**

FALS, JAIME  
808 BRICKELL KEY DRIVE, APT. 1701  
MIAMI, FL 33131 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: JAIME FALS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FALS, JAIME  
Address: 808 BRICKELL KEY DRIVE, APT. 1701  
City-St-Zip: MIAMI, FL 33131

Title: MGRM ( ) Delete  
Name: FALS, LINA  
Address: 808 BRICKELL KEY DRIVE, APT. 1701  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JAIME FALS

MGRM

10/14/2009

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