

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000063164

Entity Name: CCJAB, LLC

FILED
Nov 17, 2009
Secretary of State

Current Principal Place of Business:

6900 DELLA DRIVE #20
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

6900 DELLA DRIVE #20
ORLANDO, FL 32819 US

New Mailing Address:

FEI Number: 26-2891786 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

AMERICAN SAFETY COUNCIL, INC.
5125 ADANSON ST.
SUITE 500
ORLANDO, FL 32804 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: CYRENA A UTKE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: UTKE, CAROL
Address: 200 N FAIRWAY CIRCLE
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: MGRM () Delete
Name: UTKE, CYRENA
Address: 6900 DELLA DRIVE #20
City-St-Zip: ORLANDO, FL 32819 US

Title: MGRM () Delete
Name: FINK, JULIE
Address: 1315 42ND AVENUE
City-St-Zip: VERO BEACH, FL 32960 US

ADDITIONS/CHANGES:

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

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: CYRENA A UTKE

CEO

11/17/2009

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