

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000075090

FILED
Nov 12, 2009
Secretary of State

Entity Name: THE JL MOORE GROUP, LLC

Current Principal Place of Business:

319 ATLANTA ST SE
#302
MARIETTA, GA 30060 US

Current Mailing Address:

319 ATLANTA ST SE
#302
MARIETTA, GA 30060 US

New Principal Place of Business:

1073 WILLA SPRINGS DR
STE 1057
WINTER SPRINGS, FL 32708 US

New Mailing Address:

1073 WILLA SPRINGS DR
STE 1057
WINTER SPRINGS, FL 32708 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

MOORE, LISA L
1073 WILLA SPRINGS DR
STE 1057
WINTER SPRINGS, FL 32708 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: LISA L MOORE

11/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MOORE, LISA L
Address: 319 ATLANTA ST SE #302
City-St-Zip: MARIETTA, GA 30060 US

Title: MGRM () Delete
Name: MOORE, JACK R
Address: 1426 GRAY FOX LANE
City-St-Zip: SPRING HILL, TN 37174 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MOORE, LISA L
Address: 1073 WILLA SPRINGS DR STE 1057
City-St-Zip: WINTER SPRINGS, FL 32708 US

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: LISA L MOORE

MS

11/12/2009

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