


2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L08000094756		
1. Entity Name JIMMY J. CLAY LLC		

Principal Place of Business #12 GULF BREEZE CT CRAWFORDVILLE, FL 32327	Mailing Address PO BOX 1404 CRAWFORDVILLE, FL 32327
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2. Principal Place of Business - No P.O. Box # 416 TEAL LANE Suite, Apt. #, etc. #C	3. Mailing Address
City & State TALLAHASSEE FL	City & State
Zip 32308	Country

10062010 REIN-LLC CR2E101 (1/07)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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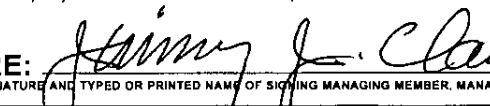
6. Name and Address of Current Registered Agent	
CLAY, JIMMY J #12 GULF BREEZE CT CRAWFORDVILLE, FL 32327	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
416 TEAL LANE #C	
City TALLAHASSEE	FL Zip Code 32308

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE

FILE NOW!!! FEE IS \$238.75 After January 1, 2011, Fee will be \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CLAY, JIMMY J PO BOX 1404 CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 	DATE Daytime Phone #

FILED

10 OCT -6 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT
2010

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10/07/10--01001--002 **238.75

Tallahassee, OCT -6 2010