

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000095809

**FILED**  
**Jan 29, 2010**  
**Secretary of State**

**Entity Name:** INAL LLC

**Current Principal Place of Business:**

6315 BEACH BLVD  
JACKSONVILLE, FL 32216 US

**New Principal Place of Business:**

11579 ALTA DR  
JACKSONVILLE, FL 32226 US

**Current Mailing Address:**

11579 YELLOW BLUFF RD  
JACKSONVILLE, FL 32226 US

**New Mailing Address:**

11579 ALTA DR  
JACKSONVILLE, FL 32226 US

**FEI Number:** 26-3556033      **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:**

INAL, MEHMET  
11579 ALTA DRIVE  
JACKSONVILLE, FL 32226 US

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

INAL, ABRAHAM  
4516 BIRCHWOOD AVE  
JACKSONVILLE, FL 32226 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: ABRAHAM INAL

01/29/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: INAL, ABRAHAM  
Address: 4516 BIRCHWOOD AVE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGR  
Name: INAL, GAZI  
Address: 11579 ALTA DR  
City-St-Zip: JACKSONVILLE, FL 32226

Title: MGR  
Name: INAL, MEHMET  
Address: 11579 ALTA DR  
City-St-Zip: JACKSONVILLE, FL 32226

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: ABRAHAM INAL

MGR

01/29/2010

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