

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000108252

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** JUST JACQUE'S, LLC

**Current Principal Place of Business:**

401 COPELAND AVENUE N  
EVERGLADES CITY, FL 34139

**New Principal Place of Business:**

**Current Mailing Address:**

401 COPELAND AVENUE N  
EVERGLADES CITY, FL 34139

**New Mailing Address:**

P O BOX 129  
EVERGLADES CITY, FL 34139

**FEI Number:** 59-2466245

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOOD, JACQUELINE R MRS  
401 COPELAND AVENUE N  
EVERGLADES CITY, FL 34139 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: JACQUELINE R WOOD

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM

**Name:** WOOD, JACQUELINE R MRS.

**Address:** P O BOX 129

**City-St-Zip:** EVERGLADES CITY, FL 34139 US

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: JACQUELINE R WOOD

MGMR

04/30/2011

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