

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000111545

**FILED**  
**Oct 22, 2009**  
**Secretary of State**

**Entity Name:** C.E.JONES TAX PREPARATION LLC.

**Current Principal Place of Business:**

1375 GATEWAY BLVD  
BOYNTON BEACH, FL 33426

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1603  
BOYNTON BEACH, FL 33425

**New Mailing Address:**

FEI Number: 26-3718845      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:**

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

JONES, CLYDE E  
104 SW 14TH AVE  
BOYNTON BEACH, FL 33435      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: CLYDE E JONES

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: JONES, CLYDE E  
Address: 104 SW 14TH AVE  
City-St-Zip: BOYNTON BEACH, FL 33435

**ADDITIONS/CHANGES:**

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: CLYDE E JONES

MGR

10/22/2009

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