

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000067409

**FILED**  
**Oct 02, 2012**  
**Secretary of State**

**Entity Name:** JACQUELINE SQUARED LLC

**Current Principal Place of Business:**

604 TAMIAMI TRAIL NORTH  
NOKOMIS, FL 34275

**New Principal Place of Business:**

**Current Mailing Address:**

604 TAMIAMI TRAIL NORTH  
NOKOMIS, FL 34275

**New Mailing Address:**

**FEI Number:** 27-0728202

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FIDUCIA, JACQUELINE  
150 LAUREL OAKS  
NOKOMIS, FL 34275 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 FIDUCIA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** FIDUCIA, JACQUELINE  
**Address:** 150 LAUREL OAKS RD  
**City-St-Zip:** NOKOMIS, FL 34275

**Title:** MGR  
**Name:** PHIFER, JACQUELINE  
**Address:** PO BOX 1073  
**City-St-Zip:** NOKOMIS, FL 34274

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 FIDUCIA

MGR

10/02/2012

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