

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000110870

**Entity Name:** JONES MICHELLE STUDIO, LLC

**FILED**  
**Jan 27, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

698 SW PORT ST. LUCIE BLVD., SUITE 108  
PORT ST LUCIE, FL 34953 US

**New Principal Place of Business:**

**Current Mailing Address:**

698 SW PORT ST. LUCIE BLVD., SUITE 108  
PORT ST LUCIE, FL 34953 US

**New Mailing Address:**

**FEI Number:** 27-2130460

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FORGUE-JONES, MITCHEL  
1581 SW IFFLA AVE  
PORT ST LUCIE, FL 34953 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:** MITCHEL FORGUE-JONES

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

**Title:** MGRM  
**Name:** FORGUE-JONES, MITCHEL  
**Address:** 1581 IFFLA AVE  
**City-St-Zip:** PORT ST LUCIE, FL 34953 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

**SIGNATURE:** MITCHEL FORGUE-JONES

MGMR

01/27/2014

Electronic Signature of Authorized Person

Date