

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000061212

Entity Name: JDV CONSULTING LLC

**FILED**  
**Oct 23, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

237 9TH AVE N  
SUITE 1  
JACKSONVILLE BEACH, FL 32250 US

## **New Principal Place of Business:**

1331 1ST ST N  
JACKSONVILLE BEACH, FL 32250 US

## **Current Mailing Address:**

237 9TH AVE N  
SUITE 1  
JACKSONVILLE BEACH, FL 32250 US

## **New Mailing Address:**

PO BOX 330339  
ATLANTIC BEACH, FL 32233 US

FEI Number: 27-2802990

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LINNEN, VALARIE ESQ.  
237 9TH AVE N  
SUITE 1  
JACKSONVILLE BEACH, FL 32250 US

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

LINNEN, VALARIE ESQ.  
1331 1ST ST N  
JACKSONVILLE BEACH, FL 32250 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: VALARIE LINNEN

10/23/2012

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LINNEN, VALARIE ESQ.  
Address: PO BOX 330339  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: MGRM  
Name: LINNEN, DAVID  
Address: PO BOX 330339  
City-St-Zip: ATLANTIC BEACH, FL 32233 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: VALARIE LINNEN

MGRM

10/23/2012

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