

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000009511

**FILED**  
**Oct 29, 2014**  
**Secretary of State**

**Entity Name:** C&J HARTWIG ENTERPRISES LLC

**Current Principal Place of Business:**

2585 PACETTI ROAD  
SAINT AUGUSTINE, FL 32092

**New Principal Place of Business:**

**Current Mailing Address:**

2585 PACETTI ROAD  
SAINT AUGUSTINE, FL 32092

**New Mailing Address:**

**FEI Number:** 27-4655559

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARTWIG, ROBERT C MGR  
2585 PACETTI ROAD  
SAINT AUGUSTINE, FL 32092 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:** ROBERT C. HARTWIG

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

**Title:** MGR  
**Name:** HARTWIG, ROBERT C  
**Address:** 2585 PACETTI ROAD  
**City-St-Zip:** SAINT AUGUSTINE, FL 32092

**Title:** MGR  
**Name:** HARTWIG, TERESA J  
**Address:** 2585 PACETTI ROAD  
**City-St-Zip:** SAINT AUGUSTINE, FL 32092

**Title:** S  
**Name:** HARTWIG, TERESA J  
**Address:** 2585 PACETTI ROAD  
**City-St-Zip:** SAINT AUGUSTINE, FL 32092

**Title:** T  
**Name:** HARTWIG, ROBERT C  
**Address:** 2585 PACETTI ROAD  
**City-St-Zip:** SAINT AUGUSTINE, FL 32092

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:** ROBERT C. HARTWIG

MGR

10/29/2014

Electronic Signature of Authorized Person

Date