

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000050950

**FILED**  
**Jul 16, 2013**  
**Secretary of State**

**Entity Name:** C.J. MITIGATION PARTNERS LLC

**Current Principal Place of Business:**

3431 PINE RIDGE ROAD, SUITE 101  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

3431 PINE RIDGE ROAD, SUITE 101  
NAPLES, FL 34109

**New Mailing Address:**

**FEI Number:** 27-3277786

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PARRISH, JOHN  
3431 PINE RIDGE ROAD  
SUITE 101  
NAPLES, FL 34109 US

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

PARRISH, JON  
3431 PINE RIDGE ROAD  
SUITE 101  
NAPLES, FL 34109 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: JON PARRISH

07/16/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ARONOFF, DANIEL J TRUSTEE  
Address: 612 EAST ELEVEN MILE ROAD  
City-St-Zip: ROYAL OAK, MI 48067

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: DANIEL ARONOFF

MGRM

07/16/2013

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