

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000098716

Entity Name: YKJ. LLC

**FILED**  
**Sep 09, 2013**  
**Secretary of State**

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

3204 CROSSPINE WAY  
APT#208 BLD 1  
ORLANDO, FL 32829

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

5008 STRAWBRIDGE TERRACE  
BLD 10 APT #202  
SANFORD, FL 32771

## **Current Mailing Address:**

3204 CROSSPINE WAY  
APT#208 BLD 1  
ORLANDO, FL 32829

## **New Mailing Address:**

5008 STRAWBRIDGE TERRACE  
BLD 10 APT #202  
SANFORD, FL 32771

FEI Number: 45-3139779

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILLIS, SABIEN T  
3204 CROSSPINE WAY  
APT#208 BLD 1  
ORLANDO, FL 32829 US

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

WILLIS, SABIEN T  
5008 STRAWBRIDGE TERRACE  
BLD 10 APT #202  
SANFORD, FL 32771 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: SABIEN T WILLIS

09/09/2013

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WILLIS, SABIEN T  
Address: 5008 STRAWBRIDGE TERRACE BLD 10 APT #202  
City-St-Zip: SANFORD, FL 32771

Title: MGR  
Name: CASTOR, VERNEL E  
Address: 5008 STRAWBRIDGE TERRACE BLD 10 APT #202  
City-St-Zip: SANFORD, FL 32771

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: VERNEL E CASTOR

MGR

09/09/2013

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