

2014 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED
AND
FILED

14 APR 28 AM 9:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L12000055055

1. Entity Name
4J'S ADL SERVICES LLC.



Principal Place of Business
1029 W CLARK ST
QUINCY, FL 32351

Mailing Address
1029 W CLARK ST
QUINCY, FL 32351



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282014 REIN-LLC CR2E101 (12/11)

City & State

City & State

4. FEI Number

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BILLINS, JAISY B
1029 W CLARK ST
QUINCY, FL 32351

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(Signature, hand or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

4.28.14

FILE NOW!!! FEE IS \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BILLINS, JAISY B
1029 W CLARK ST
QUINCY, FL 32351 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

E-MAIL ADDRESS

4J'S ADL SERVICES LLC
4J'S ADL SERVICES LLC@gmail.com

300259534383
04/28/14--01005--004 **377.50

APR 28 2014

L. SELLERS