

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000086093

**FILED**  
**Nov 14, 2013**  
**Secretary of State**

**Entity Name:** ORIGINAL PURPOSE ENTERPRISE, LLC

**Current Principal Place of Business:**

2131 W 45TH STREET  
JACKSONVILLE, FL 32219 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 43538  
JACKSONVILLE, FL 32203 US

**New Mailing Address:**

**FEI Number:** 46-2232258

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAMS, JOAN D  
5854 GILCHRIST RD  
JACKSONVILLE, FL 32219 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:** JOAN D. WILLIAMS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** WILLIAMS, MARCUS A  
**Address:** 5854 GILCHRIST RD  
**City-St-Zip:** JACKSONVILLE, FL 32219 US

**Title:** MGRM  
**Name:** WILLIAMS, JOAN D  
**Address:** 5854 GILCHRIST ROAD  
**City-St-Zip:** JACKSONVILLE, FL 32219 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:** MARCUS A. WILLIAMS

MGR

11/14/2013

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