

# 2013 LIMITED LIABILITY COMPANY REINSTATEMENT


APPROVAL  
AND  
FILED

13 OCT 17 PM 1:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L12000102357**

1. Entity Name  
JEFF'S VARIETY WORKS, LLC



Principal Place of Business 21801 HITCHING POST ROAD TALLAHASSEE, FL 32310	Mailing Address 21801 HITCHING POST ROAD TALLAHASSEE, FL 32310
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2. Principal Place of Business - No P.O. Box #  Suite, Apt #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
Zip	Country
Zip	Country

10172013 REIN-LLC CR2E101 (12/11)

4. FEI Number Applied For  
Not Applicable



6. Name and Address of Current Registered Agent GEDDIE, VERNON J 4734 PRESTON JOHNSON ROAD TALLAHASSEE, FL 32310	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code
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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 *Vernon J. Geddie* (NOTE: Registered Agent signature required when reinstating) DATE 10/17/13

**FILE NOW!!! FEE IS \$238.75**  
**After January 1, 2014, Fee will be \$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 GEDDIE, VERNON J 4734 PRESTON JOHNSON ROAD TALLAHASSEE, FL 32310 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM Geddie, Vernon J. 101 Shadow Oak Circle Crawfordville FL 32327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	400252969774 10/17/13--01004--021 <input type="checkbox"/> Change <input type="checkbox"/> Addition **238.75
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>REINSTATEMENT</b> RLH 2013 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	OCT 17 2013 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	R. HUNT <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Vernon J. Geddie* 10/17/13 VJG@beddie@bmail.com  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date E-MAIL ADDRESS