

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L99000002378

1. Entity Name
JMBJ FLORIDA, L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

09 FEB 27 AM 11:38
REINSTATEMENT 0809 GBM

Principal Place of Business
800 VIRGINIA AVENUE, SUITE 8
FT PIERCE, FL 34982

Mailing Address
800 VIRGINIA AVENUE, SUITE 8
FT PIERCE, FL 34982

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

3. Mailing Address

6909 NW LTC Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Port St Lucie, FL

Zip

Country

Zip

Country

34986

St Lucie

02092009 REIN-LLC CR2E101 (1/07)

4. FEI Number
65-0699886

Applied For
Not Applicable

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

MCINTYRE, WILLIAM C P.A.
3501 SW CORPORATE PKWY
PALM CITY, FL FL349-90

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CARR, JAMES B
800 VIRGINIA AVENUE, SUITE 8
FT PIERCE, FL 34982 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CARR, JAMES B
6909 NW LTC PARKWAY
PORT ST LUCIE FL 34986 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CARR, MICHAEL
P.O. BOX 280
CASSVILLE, MO 65625 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200143808672
02/17/09--01038--018 **277.50 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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: X

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

Date

Daytime Phone #