

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L99000008859

Entity Name: JAWZ, L.L.C.

FILED  
Oct 25, 2008  
Secretary of State

**Current Principal Place of Business:**

1701 W. BROWARD BOULEVARD  
FORT LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

1701 W. BROWARD BOULEVARD  
FORT LAUDERDALE, FL 33312

**New Mailing Address:**

FEI Number: 65-0969982      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

HOLLANDER, RHONDA ESQ.  
1861 N. FEDERAL HIGHWAY, #191  
HOLLYWOOD, FL 33020 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: RHONDA HOLLANDER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES ( ) Delete  
Name: WILLIAMS, HARJUN  
Address: 1701 W. BROWARD BLVD.  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VP ( ) Delete  
Name: WILLIAMS, TERRIE A  
Address: 1701 WEST BROWARD BLVD.  
City-St-Zip: FT. LAUDERDALE, FL 33312

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: HARJUN WILLIAMS

PRES

10/25/2008

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