2004 LIMITED LIABILITY COMPANY REINSTATEMENT

L. Entity Name JENNY B GOOD, LLC 2805 JAR - 4 PM 3: 39 SECRETARY OF STATE A03 MALLARD RD. MSTON, R. 33327	Principal Place of Business 403 MALARD RD. WESTON, FL 33327 2. Principal Place of Business 403 MALARD RD. WESTON, FL 33327 2. Principal Place of Business Suite, April 4, Inc. Suite, April 4, Inc. 11102004 REIN-LLC CR2E101 (6/O4) Suite, April 4, Inc. 11102004 REIN-LLC CR2E101 (6/O4) Liny & State Cry & State	DOCUMENT # M03000002531											
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2. Principal Place of Business Surie, Apt. P, etc. City & State City & State Country Zp Country Zp Country Zp Country E. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ISENNAN, JENNY A33 MALLARD RD WESTON, FL 33327 Street Address (P O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entry submits has steement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am harmfar with, and acceptation of ring intered agents of griend agent, or both, in the State of Florids. I am harmfar with, and acceptation of ring intered agents of ring intered a	2. Principal Place of Business Suito, Apt. #, etc. Suito, Apt. #, etc. Suito, Apt. #, etc. Suito, Apt. #, etc. 1110/2004 REIN-LLC CR2E101 (6/04) Zip Country Zip Country Zip Country Suito Applied For Place Administration of Status Desired Country Spot Additional Research Agent 6. Name and Address of Current Registered Agent Towne Series Audress (P. O. Box Number is Not Acceptable) Series Audress (P. O. Box Number is Not Acceptable) Series Audress (P. O. Box Number is Not Acceptable) FL Zip Code 8. The above named oring submits statement for the purpose of changing its registered agent, or both. In this State of Fiorida. I am familiar with, and accept the objection of registered agent, or both. In this State of Fiorida. I am familiar with, and accept the objection of registered Agent agent, or both. In this State of Fiorida. I am familiar with, and accept the objection of registered Agent agent, or both. In this State of Fiorida. I am familiar with, and accept the objection of registered Agent agent, or both. In this State of Fiorida. I am familiar with, and accept the objection of registered Agent agent, or both. In this State of Fiorida. I am familiar with, and accept the objection of registered Agent agent, or both. In this State of Fiorida. I am familiar with, and accept the object of Fiorida Department of State BONATORIES 5100.00 AREA ADDITIONS 7-FANGES OIT ST. 20 MARK Check payable to Fiorida Department of State Note: MARK MARK Check payable to Fiorida Department of State OIT ST. 20 OIT ST. 2					1000	<u>100</u>		SEAD.		ن دن ۱۱	59	
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### City FL Zip Code 8. The above named entity submits in a statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Delete	### City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I an familiar with, and accept the obligations of registered Agent synthems required when releasting ### City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I an familiar with, and accept the obligations of registered Agent synthems required when releasting ### CITY Registered Agent synthems required Agent synthems required when releasting ### CITY Registered Agent synthems required agent synthems required agent synthems required when releasting ### CITY Registered Agent synthems required agent synthems	ISENMAN, JENNY											
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