

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M05000004943

Entity Name: JENKINSVILLE LLC

**FILED**  
**Dec 20, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

1710 FIRST AVENUE, STE. 311  
NEW YORK, NY 10128

**New Principal Place of Business:**

**Current Mailing Address:**

1710 FIRST AVENUE, STE. 311  
NEW YORK, NY 10128

**New Mailing Address:**

199 E. FLAGLER STREET  
#845  
MIAMI, FL 33131

FEI Number: 14-1869081      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

JENKINS, RICHARD  
199 E. FLAGLER STREET, #845  
MIAMI, FL 33131 US

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

JENKINS, RICHARD  
199 E. FLAGLER STREET, #845  
MIAMI, FL 33131 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: RICHARD A JENKINS

12/20/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JENKINS, RICHARD A  
Address: 1710 FIRST AVENUE, STE. 311  
City-St-Zip: NEW YORK, NY 10128

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: JENKINS, RICHARD A  
Address: 199 E. FLAGLER STREET, #845  
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD A JENKINS

COE

12/20/2006

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