

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M07000005359

**FILED**  
**Jan 27, 2009**  
**Secretary of State**

**Entity Name:** JOEY MAC INVESTMENTS, LLC

**Current Principal Place of Business:**

15014 SW 147 STREET  
MIAMI, FL 33196

**New Principal Place of Business:**

1815 ENGLEWOOD ROAD  
ENGLEWOOD, FL 34223

**Current Mailing Address:**

15014 SW 147 STREET  
MIAMI, FL 33196

**New Mailing Address:**

1815 ENGLEWOOD ROAD  
ENGLEWOOD, FL 34223

**FEI Number:** 22-0488830      **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:**

MARCINKEOWICZ, JOSEPH A  
15014 SW 147 STREET  
MIAMI, FL 33196      US

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

MARCINKEOWICZ, JOSEPH A  
1815 ENGLEWOOD ROAD  
ENGLEWOOD, FL 34223      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: JOE MARCINKEWICZ

01/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: MARCINKEWICZ, JOSEPH A  
Address: 15014 SW 147 STREET  
City-St-Zip: MIAMI, FL 33196

**ADDITIONS/CHANGES:**

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: JOE MARCINKEWICZ

MGR

01/27/2009

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