

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FIELD

15 AUG 18 12:20

1. Limited Liability Company's Name
J2 Partners, LLC

2. Principal Office Address - No P.O. Box #
10 Kearney Rd

3. Mailing Office Address

Suite, Apt #, etc.

Suite, Apt. #, etc.

City & State

City & State

Needham, MA

Zip
02494

Country

Zip

Country

6. Name and Address of Current Registered Agent

Name _____

James A. Brennan

Street Address (P.O. Box Number is Not Acceptable) Suite.

1657 Bonita Bluff Court

Apt #, Etc.

City

Ruskin

State

FL

Zip Code

37570

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

James A. B...
REGISTERED AGENT MU

Date 8/1/15

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
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James A. Brennan	10 Kearney Rd, Suite 305	Needham, MA 02494
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REINSTATEMENT

2013-
2015

AUG 19 2015

L. SELLERS

11 E-mail Address tobrien@obalaw.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date 8/1/15

Daytime Phone #

781-444-8400

Typed or printed name of signing authorized representative/member James A. Brennan