

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000081346

**FILED**  
**Jul 31, 2007**  
**Secretary of State**

**Entity Name:** JR EXPRESS L.L.C.

**Current Principal Place of Business:**

8314 NW 56TH STREET  
MIAMI, FL 33166

**New Principal Place of Business:**

1566 NE 191 STREET  
427  
NORTH MIAMI BEACH, FL 33179

**Current Mailing Address:**

8314 NW 56TH STREET  
MIAMI, FL 33166

**New Mailing Address:**

1566 NE 191 STREET  
427  
NORTH MIAMI BEACH, FL 33179

**FEI Number:** 20-3322923      **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:**

KALKAS, MARTTI  
245 SE 1ST STREET, STE. 225  
MIAMI, FL 33131 US

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

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: MARTTI KALKAS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MENDES, ADEMIR JR  
Address: 8314 NW 56TH STREET  
City-St-Zip: MIAMI, FL 33166

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MENDES, ADEMIR JR  
Address: 1566 NE 191 STREET, #427  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

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: ADEMIR MENDES JR

MGR

07/31/2007

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