### 2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L17000094982

Entity Name: JJ17 L.L.C.

### **Current Principal Place of Business:**

1931 GATEMONT DRIVE CHESTERFIELD, MO 63017

### **Current Mailing Address:**

1931 GATEMONT DRIVE CHESTERFIELD, MO 63017 US

### FEI Number: 82-1404296

# Name and Address of Current Registered Agent:

GORMAN & JONES PLC 500 N WESTSHORE BLVD #920 TAMPA, FL 33609 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	: MATTHEW M JONES			11/19/2019
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	AMBR	Title	AMBR	
Name	MCGUIRE, MARILYNN	Name	CHRONISTER, KATHLEEN	
Address	1931 GATEMONT DRIVE	Address	64 SUNNY HILL COURT	
City-State-Zip:	CHESTERFIELD MO 63017	City-State-Zip:	CHESTERFIELD MO 63017	
Title	AMBR	Title	AUTHORIZED REPRESENTATI	VE
Name	CRAWFORD, PATRICIA	Name	GORMAN & JONES PLC	
Address	1883 BRAUMTON COURT	Address	500 N WESTSHORE BLVD	
City-State-Zip:	CHESTERFIELD MO 63017	City-State-Zip:	920 TAMPA FL 33609	

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

# SIGNATURE: GORMAN & JONES PLC

AUTHORIZED REPRESENTATIVE 11/19/2019

Electronic Signature of Signing Authorized Person(s) Detail

# FILED Nov 19, 2019 Secretary of State 9161504892CR

Certificate of Status Desired: Yes