

**2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L17000175520

**Entity Name:** JON SLADE LLC

**Current Principal Place of Business:**

2028 AMERICUS AVE  
12  
PENSACOLA, 32507

**Current Mailing Address:**

2028 AMERICUS AVE  
12  
PENSACOLA, 32507 UN

**FEI Number:** 47-1126942

**Certificate of Status Desired:** No

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

SLADE, JON L  
2028 AMERICUS AVE  
12  
PENSACOLA, FL 32507 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:** JON SLADE

11/10/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                         |                 |                         |
|-----------------|-------------------------|-----------------|-------------------------|
| Title           | AP                      | Title           | AP                      |
| Name            | SLADE, JON L            | Name            | SLADE, JON L            |
| Address         | 2028 AMERICUS AVE<br>12 | Address         | 2028 AMERICUS AVE<br>12 |
| City-State-Zip: | PENSACOLA 32507         | City-State-Zip: | PENSACOLA 32507         |

*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:** JON L SLADE LLC

AP

11/10/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date