2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000007662

1. Entity Name

Jaimevan, L.L.C.

Principal Place of Business Mailing Address 2902 OLD ORCHARD LANE 2902 OLD ORCHARD LANE PARRISH FL 34219 PARRISH FL 34219 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-1028702 Applied For Not Applicable Ζiρ Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GENTILE, PATRICIA P .2902 OLD ORCHARD LANE Street Address (P.O. Box Number is Not Acceptable) PARRISH FL 34219 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 25, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGR ☐ Delete TITLE ☐ Change Addition NAME GENTILE, JAMES D NAME STREET ADDRESS 2902 OLD ORCHARD LANE STREET ADDRESS . . CITY-ST-ZIP PARRISH FL 34219 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

NAME

STREET ADDRESS

NAME

STREET ADDRESS

GNATURE AND TY

FILED

Jul 11, 2002 8:00 am Secretary of State

07-11-2002 90247 024 ****50.00

☐ Change

☐ Addition

CR2E083 (4/02)