L00000011933

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # L00000011933

1. Entity Name

JILLANN, LLC

10/4/02

03 MAR 10 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600010692896
01/24/03--01039--012 **175.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3940 NW 16th Blvd.	P.O. Box 357399
Suite, Apt. #, etc.: Bldg. B	Suite, Apt. #, etc.:
City & State: Gainesville, FL	City & State: Gainesville, FL
Zip: 32605 Country: USA	Zip: 32635-7399 Country: USA

4. FEI Number: 59-3676421 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: James D. Salter

Street Address (P.O. Box Number is Not Acceptable): 3940 NW 16th Blvd. Bldg. B

City: Gainesville FL Zip Code: 32605-

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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: James D. Salter 01/23/03
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM
NAME	Little, Robert, A.
STREET ADDRESS	3412 SE 17th Court
CITY-ST-ZIP	Ocala, FL 34471
TITLE	MGRM
NAME	Little, Jill
STREET ADDRESS	3412 SE 17th Court
CITY-ST-ZIP	Ocala, FL 34471
TITLE	MGRM
NAME	Salter, James D.
STREET ADDRESS	5719 NW 97th Street
CITY-ST-ZIP	Gainesville, FL 32653
TITLE	MGRM
NAME	Salter, Lee Ann
STREET ADDRESS	5719 NW 97th Street
CITY-ST-ZIP	Gainesville, FL 32653
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

REINSTATEMENT 2002-2003

BK CUS

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	600010692896
TITLE	03/07/03--01045--015 **25.00
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DO NOT WRITE
NAME	
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TITLE	IN THIS SPACE
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E083B (12/02)

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.

SIGNATURE: James D. Salter 1-17-03 352-376-8201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #