

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060459

FILED
Apr 13, 2009
Secretary of State

Entity Name: JADD, LLC

Current Principal Place of Business:

20 ECKERT FARM ROAD
SADDLE RIVER, NJ 07458

New Principal Place of Business:

Current Mailing Address:

24 LOOKOUT POINT TR.
TOTOWA, NJ 07512

New Mailing Address:

FEI Number: 34-2011512

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARLICK, THOMAS B ESQ
5551 RIDGEWOOD DRIVE, SUITE 101
NAPLES, FL 34108 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OLDJA, JENNIFER
Address: 20 ECKERT FARM ROAD
City-St-Zip: SADDLE RIVER, NJ 07458

Title: MGRM () Delete
Name: OLDJA, DIANA
Address: 1 IRVING PLACE
City-St-Zip: NEW YORK, NY 10001

Title: MGRM () Delete
Name: OLDJA, ALLEN
Address: 24 LOOKOUT PT. TR.
City-St-Zip: TOTOWA, NJ 07512

Title: MGRM () Delete
Name: OLDJA, DANIEL
Address: 24 LOOKOUT PT. TR.
City-St-Zip: TOTOWA, NJ 07512

Title: MGR () Delete
Name: OLDJA, VERICA
Address: 24 LOOKOUT PT. TR.
City-St-Zip: TOTOWA, NJ 07512

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: VERICA OLDJA

MGR

04/13/2009

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