

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000072913

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: SAMMJONE, LLC

**Current Principal Place of Business:**

9760 SASSAFRAS CT.  
ETERO, FL 33928 US

**New Principal Place of Business:**

**Current Mailing Address:**

9760 SASSAFRAS CT.  
ETERO, FL 33928 US

**New Mailing Address:**

FEI Number: 26-3115048      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

UNITED STATES CORPORATION AGENTS, INC.  
320 S. FLAMINGO ROAD  
347  
PEMBROKE PINES, FL 33027 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: MGR ( ) Delete  
Name: SAMMELIAN, YVONNE  
Address: 9760 SASSAFRAS CT.  
City-St-Zip: ETERO, FL 33928 US

Title: MGR ( ) Delete  
Name: JONES, WALTER S  
Address: 9760 SASSAFRAS CT.  
City-St-Zip: ETERO, FL 33928 US

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: JONES, WALTER S  
Address: 824 TANBARK DRIVE #104  
City-St-Zip: NAPLES, FL 34108 US

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: WALTER S. JONES

MR.

04/24/2009

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