

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000087093

FILED
Apr 16, 2008
Secretary of State

Entity Name: JORDAN-MARCOS THE AGENCY, LLC

Current Principal Place of Business:

255 ALHAMBRA CIRCLE, SUITE 500
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

255 ALHAMBRA CIRCLE, SUITE 500
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-4203459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARAGON REGISTERED AGENTS, INC.
255 ALHAMBRA CIRCLE, SUITE 500
CORAL GABLES, FL 33134 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: JORDAN, ARTURO
Address: 255 ALHAMBRA CIRCLE, SUITE 500
City-St-Zip: CORAL GABLES, FL 33134

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: DE MARCOS, MARIORI
Address: 255 ALHAMBRA CIRCLE SUITE 500
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Change (X) Addition
Name: MARCOS, FRANKIE
Address: 255 ALHAMBRA CIRCLE, SUITE 500
City-St-Zip: CORAL GABLES, FL 33134

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: ARTURO JORDAN

MGR

04/16/2008

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