

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90017 047 ***138.75

DOCUMENT # L07000120680

1. Entity Name

J ARD CONSTRUCTION "LLC"



Principal Place of Business

1272 BURNOUT BAY RD.
DEFUNIAK SPRINGS FL 32433

Mailing Address

1272 BURNOUT BAY RD.
DEFUNIAK SPRINGS FL 32433



2. Principal Place of Business - No P.O. Box #

1272 Burnout Bay Rd

Suite, Apt. #, etc.

City & State

Defuniak Springs, FL

Zip

32433-1158

3. Mailing Address

1272 Burnout Bay Rd.

Suite, Apt. #, etc.

City & State

Defuniak Springs, FL

Zip

32433-1158

1st MOORE

CR2E083 (10/07)

4. FEI Number

267-99-6892

☒ Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARD, NOVIE J
1272 BURNOUT BAY RD.
DEFUNIAK SPRINGS FL 32433

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renouncing)

DATE

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
MGR
ARD, NOVIE J ☐ Delete
STREET ADDRESS
1272 BURNOUT BAY RD.
CITY-ST-ZIP
DEFUNIAK SPRINGS FL 32433

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Novie J Ard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-11-08

(850) 859-2791

Date

Display Phone #