

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

S08259900162
9/11/2008-90025-035-\$138.75-\$138.75

DOCUMENT # L05000083985					
1. Entity Name 2564 JARDIN, LLC					
Principal Place of Business 515 EAST PARK AVE. TALLAHASSEE, FL 32301			Mailing Address 515 EAST PARK AVE. TALLAHASSEE, FL 32301		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09082008 Chg-LLC CR2E083 (12/06)	
City & State		City & State		4. FEI Number 25-1926003	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301				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: <u>Dr. Jeffrey Postal</u>		Signature, typed or printed name of registered agent and title if applicable		DATE: <u>9/29/08</u>	
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR POSTAL, JEFFREY J ONE SOUTHEAST THIRD AVENUE, SUITE 1940 MIAMI, FL 33131	☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	mgr Postal, Jeffrey J 6725 NW 122nd Ave Parkland, Fla 33076	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Dr. Jeffrey Postal</u>		Signature, typed or printed name of signing managing member, manager, or authorized representative		Date: <u>9/28/08</u> Daytime Phone #: <u>954-288-8353</u>	

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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