

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000066525

Entity Name: JACK AND JACKIE CAMPBELL LLC

Current Principal Place of Business:

4965 MT. OLIVE SHORES DR.
POLK CITY, FL 33868

Current Mailing Address:

4965 MT. OLIVE SHORES DR.
POLK CITY, FL 33868

FEI Number: 47-3767498

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAMPBELL, EARL J
4965 MT. OLIVE SHORES DR.
POLK CITY, FL 33868 US

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: EARL CAMPBELL

02/19/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	AMBR	Title	AUTHORIZED MEMBER
Name	CAMPBELL, EARL J	Name	CAMPBELL, GERALD W
Address	4965 MT. OLIVE SHORES DR.	Address	4980 SHORELINE DR.
City-State-Zip:	POLK CITY FL 33868	City-State-Zip:	POLK CITY FL 33868
Title	AUTHORIZED MEMBER		
Name	KIKER, EARLEEN C		
Address	1341 LAKEWOOD DR.		
City-State-Zip:	MELBOURNE FL 32935		

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EARL CAMPBELL

AMBR

02/19/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date