

**2016 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, JACQUELINE K  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name CAMPBELL, EARL J  
Address 4965 MT. OLIVE SHORES DR.  
City-State-Zip: POLK CITY FL 33868

Title AMBR  
Name CAMPBELL, GERALD W  
Address 4965 MT. OLIVE SHORES DR.  
City-State-Zip: POLK CITY FL 33868

Title AMBR  
Name KIKER, EARLEEN C  
Address 1341 LAKEWOOD DR.  
City-State-Zip: MELBOURNE FL 32935

Title AMBR  
Name CAMPBELL, DON M  
Address 1147 LEBURN DR.  
City-State-Zip: JACKSONVILLE, FL 32205

Title AMBR  
Name CAMPBELL, JACQUELINE K  
Address 4965 MT. OLIVE SHORES DR.  
City-State-Zip: POLK CITY FL 33868

*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 J. CAMPBELL

AMBR

03/03/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date