

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000000213

1. Entity Name
JADLLC



Principal Place of Business
**243 HILLVIEW ROAD
VENICE, FL 34293**

Mailing Address
**243 HILLVIEW ROAD
VENICE, FL 34293**



01312005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NOSHAGYA, JANE L
243 HILLVIEW ROAD
VENICE, FL 34293**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, JOHN H P.O. BOX 124 BAXTER, WV 26560
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

000001213945
02/03/05-80090-020 \$0.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

John H. Davis **JOHN. H DAVIS**

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

1/31/05

Date

941 496 836

Daytime Phone #