

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000459

**FILED**  
**Mar 26, 2009**  
**Secretary of State**

**Entity Name:** JAGLE & ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

900 NORTH FEDERAL HWY  
SUITE 240  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

% BLAKESBERG & COMPANY CPA'S  
951 SW 4TH AVE  
BOCA RATON, FL 33432

**New Mailing Address:**

**FEI Number:** 65-0974612

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLAKESBERG, JON D  
951 SW 4TH AVE  
BOCA RATON, FL 33432 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** JAGLE, ARNALDO  
**Address:** 333 CAMINO GARDENS #100  
**City-St-Zip:** BOCA RATON, FL 33432

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** JAGLE, ARNALDO  
**Address:** 900 N FEDERAL HWY., SUITE 240  
**City-St-Zip:** BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

**SIGNATURE:** ARNALDO JAGLE

**PRES**

**03/26/2009**

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date