

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90119 010 ****50.00

DOCUMENT # L00000005021



1. Entity Name
JAYMARK, L.L.C.

Principal Place of Business
**4735 SUNBEAM RD
JACKSONVILLE, FL 32257**

Mailing Address
**P.O. BOX 56316
JACKSONVILLE, FL 32241**

60023341



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02032007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

65-1026860

Applied For

Not Applicable

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

**WEAVER, BEN
12966 MANDARIN ROAD -
JACKSONVILLE, FL 32223**

Name

Street Address (P.O. Box Number is Not Acceptable)

1319 Weaver Glen Road

City

Jacksonville

FL

Zip Code
32223

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

Ben Weaver

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

13-7-2007

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WEAVER, BEN
12966 MANDARIN ROAD
JACKSONVILLE, FL 32223** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Address only
1319 Weaver Glen Road
Jacksonville, FL 32223** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WEAVER, DIANNE
12966 MANDARIN ROAD
JACKSONVILLE, FL 32223** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Address only
1319 Weaver Glen Road
Jacksonville, FL 32223** ☒ 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

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

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:

Ben J Weaver

March 17 2007

(904) 251-1111

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

Date

Daytime Phone #

Ben Weaver, Managing Member