

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011933

1. Entity Name
JILLANN, LLC

Principal Place of Business
703 N.E. 1ST STREET
GAINESVILLE FL 32601

Mailing Address
703 N.E. 1ST STREET
GAINESVILLE FL 32601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3676421

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALTER, JAMES D
703 N.E. 1ST STREET
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM LITTLE, ROBERT A ☐ Delete
STREET ADDRESS 1247 S.E. 10TH AVENUE
CITY-ST-ZIP Ocala FL 34471

TITLE NAME MGRM LITTLE, JILL ☐ Delete
STREET ADDRESS 1247 S.E. 10TH AVENUE
CITY-ST-ZIP Ocala FL 34471

TITLE NAME MGRM SALTER, JAMES D ☐ Delete
STREET ADDRESS 5719 N.W. 97TH STREET
CITY-ST-ZIP Gainesville FL 32653

TITLE NAME MGRM SALTER, LEE ANN ☐ Delete
STREET ADDRESS 5719 N.W. 97TH STREET
CITY-ST-ZIP Gainesville FL 32653

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 200003552842-9
CITY-ST-ZIP -01/18/01--01010--016
*****50.00 *****50.00

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

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

Date

Daytime Phone #

1-10-01 (352)376-8201

01 JAN 11 AM 9:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

UNC-471 AF

CR2E083 (11/00)