

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90574 020 ****50.00

DOCUMENT # L01000006966

1. Entity Name

JANFRE ENTERPRISES INC, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

997 FRANCISCAN AVE

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SEBASTIAN FL

City & State

FL

4. FEI Number

311777657

Applied For

Not Applicable

Zip

32958

Country

U.S.

Zip

32958

Country

U.S.

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

W FRED COOK

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

997 FRANCISCAN AVE

City

SEBASTIAN

FL

Zip Code

32958

**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.

SIGNATURE

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

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PRESIDENT
SANDRA L. COOK
997 FRANCISCAN AVE.
SEBASTIAN, FL. 32958**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VICE PRESIDENT- SALES MANAGER
W. FRED COOK
997 FRANCISCAN AVE
SEBASTIAN, FL 32958**

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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: **W Fred Cook** **W FRED COOK MANAGING MEMBER** **4-16-02 772-589-8131**

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

Date

Daytime Phone #