LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
04-22-2002 90150 034 ****50.00

DOCUMENT # L01000008152

1. Entity Name
JCKKNOX HOLDINGS, LLC

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2. Principal Place of Business		3. Mailing Address	
107-84 LISCARD RD STh.		90-81 198 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: JACKSONVILLE, FL		City & State: HOLLIS, NY	
Zip: 32246	Country: USA	Zip: 11423	Country: USA

4. FEI Number: 04-3619929 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

7. Name and Address of Current Registered Agent

Name: ERROL STEWART
Street Address (P.O. Box Number is Not Acceptable): 107-84 LISCARD RD STh.
City: JACKSONVILLE FL Zip Code: 32246

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

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	TITLE	
NAME	COURTNEY JENNINGS	NAME	
STREET ADDRESS	90-81 198 ST	STREET ADDRESS	
CITY-ST-ZIP	HOLLIS NY 11423	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

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: Cour Jennings 04.11.02 516 872 2245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #