

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90012 014 ****50.00

DOCUMENT # L01000010616

1. Entity Name
JENCORP, L.L.C.



Principal Place of Business
**6303 LONGLEAF PINE CT.
BRADENTON, FL 34202**

Mailing Address
**6303 LONGLEAF PINE CT.
BRADENTON, FL 34202**



2. Principal Place of Business
21706 73rd Avenue E.
Suite, Apt. #, etc.

3. Mailing Address
21706 73rd Avenue E.
Suite, Apt. #, etc.

03222006 Chg-LLC CR2E083 (11/05)

City & State
Bradenton, FL

City & State
Bradenton, FL

4. FEI Number
65-1131237

Applied For
Not Applicable

Zip
34211

Country
USA

Zip
34211

Country
USA

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

**DOUBLEDAY, JENNIFER L
6303 LONGLEAF PINE CT.
BRADENTON, FL 34202**

Name

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

21706 73rd Avenue E.

City
Bradenton

FL

Zip Code
34211

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVS
DOUBLEDAY, JENNIFER L
6303 LONGLEAF PINE CT
BRADENTON, FL 34202** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**21706 73rd Avenue E.
Bradenton, FL 34211** ☒ 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

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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:

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

3/22/2006

Date

941-809-5702

Daytime Phone #