2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014279

Entity Name: JASMEN OF PENSACOLA, L.L.C.

Apr 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

415 S FLORIDA BLANCA STE 5 91 BAYBRIDGE DR PENSACOLA, FL 32502

В

GULF BREEZE, FL 32561

Current Mailing Address: New Mailing Address:

PO BOX 563

GULF BREEZE, FL 32562

FEI Number: 16-1627479 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BOGAN, STEVE BOGAN, STEVE 415 S FLORIDA BLANCA 91 BAYBRIDGE DR US

PENSACOLA, FL 32502 GULF BREEZE, FL 32561 US

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: 04/21/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: MGRM (X) Change () Addition () Delete

KRYS, ALAN Name: KRYS, ALAN Name: Address: 1618 WHISPER BAY BLVD Address: 1628 WHISPER BAY BLVD City-St-Zip: GULF BREEZE, FL 32563 City-St-Zip: GULF BREEZE, FL 32563

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name: BOGAN, STEVE Name: BOGAN, STEVE

Address: 415 S FLORIDA BLANCA SUITE 5 Address: 91 BAYBRIDGE DR. SUITE B City-St-Zip: PENSACOLA, FL 32502 City-St-Zip: GULF BREEZE, FL 32561

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEVE BOGAN **MGRM** 04/21/2009