

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000017036

1. Entity Name
JAMES A. PEARSON, LLC



FILED
Aug 28, 2007 08:00 AM
Secretary of State

Principal Place of Business
292 S. UNIVERSITY DR.
PLANTATION, FL 33324

Mailing Address
292 S. UNIVERSITY DR.
PLANTATION, FL 33324



08212007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1146433

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEARSON, JAMES A
292 SOUTH UNIVERSITY DR
PLANTATION, FL 33324

**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. 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 September 14, 2007

U00000772828
08/28/07-80005-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PEARSON, JAMES A
STREET ADDRESS	292 S. UNIVERSITY DR.
CITY-ST-ZIP	PLANTATION, FL 33324

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone # _____