

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90683 012 ****50.00

0036177

DOCUMENT # L01000017437

1. Entity Name
JANDL, LLC



Principal Place of Business
**415 HAMDEN DR.
CLEARWATER FL 33767**

Mailing Address
**415 HAMDEN DR.
CLEARWATER FL 33767**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **36-4466474**

Applied For

Not Applicable

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

**DOWLING, BRIAN
1780 N. MILLS AVE.
ORLANDO FL 32853**

Name

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

**1245 W. FAIRBANKS AVE. #200
CITY WINTER PARK FL Zip Code 32789**

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 *James J. Grevenites* **JAMES J. GREVENITES**

4/25/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **JAMES, GREVERENES**
STREET ADDRESS **418 HAMDEN DRIVE**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **MGR** ☒ Change ☐ Addition
NAME **JAMES GREVENITES**
STREET ADDRESS **415 HAMDEN**
CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE **MGR** ☐ Delete
NAME **LESLIE, GREVENITES**
STREET ADDRESS **413 HAMDEN DRIVE**
CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE **MGR** ☒ Change ☐ Addition
NAME **LESLIE GREVENITES**
STREET ADDRESS **415 HAMDEN**
CITY-ST-ZIP **CLEARWATER FL. 33767**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

CR2E083 (10/02)