

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0037573

DOCUMENT # L02000003451

1. Entity Name

J.G.A. ENTERPRISES, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 19 PM 3:55

Principal Place of Business

695 TARPON BAY ROAD, SUITE 7
SANIBEL ISLAND FL 33957

Mailing Address

695 TARPON BAY ROAD, SUITE 7
SANIBEL ISLAND FL 33957

2. Principal Place of Business

2430 Periwinkle WAY

Suite, Apt. #, etc.

Suite B

3. Mailing Address

P.O. Box 716

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Sanibel Island, FL

City & State

Sanibel FL

Zip

33957

Country

Zip

33957

Country

4. FEI Number

36-4493219

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARMENIA, JOHN

695 TARPON BAY ROAD, SUITE 7
SANIBEL ISLAND FL 33957

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

2430 Periwinkle WAY

Suite B

City

Sanibel Island FL

Zip Code

33957

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME John Armenia ☐ Delete
STREET ADDRESS 15631 Captiva Drive
CITY-ST-ZIP Captiva, FL 33924

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME 100018462851 ☐ Change ☐ Addition
STREET ADDRESS 05/07/03--01090--015 **\$600.00
CITY-ST-ZIP

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

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

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

TITLE NAME ☐ Change ☐ Addition
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 REQUIRED

John Armenia 04/15/03 239-395-9300

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

Date

Daytime Phone #

CR2E083 (10/02)