

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2003 8:00 am**  
**Secretary of State**

08-07-2003 90065 001 \*\*\*\*50.00

0006776

**DOCUMENT # L02000020454**

1. Entity Name

**JFKV PROPERTIES, L.L.C.**



Principal Place of Business

**5106 JOHN ANDERSON HIGHWAY  
FLAGLER BEACH FL 32136**

Mailing Address

**5106 JOHN ANDERSON HIGHWAY  
FLAGLER BEACH FL 32136**

2. Principal Place of Business

~~5106 JOHN ANDERSON HWY~~

3. Mailing Address

**5106 JOHN ANDERSON HWY**

Suite, Apt. #, etc.

**(Same as above)**

Suite, Apt. #, etc.

City & State

~~DAYTONA BEACH FL~~

City & State

**FLAGLER BEACH FL**

Zip

Country

**FLORIDA**

Zip

**32136**

Country

**FLAGLER**

4. FEI Number

**56-2286058**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**VOLE, JOHN  
5106 JOHN ANDERSON HIGHWAY  
FLAGLER BEACH FL 32136**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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 **NO CHANGES**

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 September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **PRESIDENT** ☐ Delete  
NAME **John Vole**  
STREET ADDRESS **5106 JOHN ANDERSON HWY**  
CITY-ST-ZIP **FLAGLER BEACH FL 32136**

10. ADDITIONS/CHANGES

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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 REQUIRED**  
**John Vole**

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

**8-4-2003**

Date

**386-439-5657**

Daytime Phone #

CR2E083 (4/03)