

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 31, 2007 08:00 AM
Secretary of State**

DOCUMENT # L02000026816

1. Entity Name
JAKZ, LLC



Principal Place of Business

**5780 TAYLOR ROAD, UNIT #2
NAPLES, FL 34109**

Mailing Address

**5780 TAYLOR ROAD, UNIT #2
NAPLES, FL 34109**



01252007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

57-1136215

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LANG, PETER
5780 TAYLOR RD, UNIT #2
NAPLES, FL 34109**

**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 renataing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000613724
02/05/07-80050-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LANG, PETER R
5780 TAYLOR ROAD, UNIT #2
NAPLES, FL 34109**

TITLE
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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

PETER R. LANG

1/29/07

Date

239-514-4176

Daytime Phone #