

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031099

FILED
Apr 30, 2009
Secretary of State

Entity Name: JACMAR ENTERPRISES, LLC

Current Principal Place of Business:

2030 SOUTH OCEAN DRIVE,
#402
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

2030 SOUTH OCEAN DRIVE,
#402
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 56-2370985

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALDA, MARIO X
2030 SOUTH OCEAN DRIVE, #402
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: BALDA, MARIO X
Address: 2030 S OCEAN DR, #402
City-St-Zip: HALLANDALE, FL 33009

Title: MGRI () Delete
Name: MORALES, ELSA C
Address: 2030 S OCEAN DR, # 402
City-St-Zip: HALLANDALE, FL 33009

Title: VP (X) Delete
Name: BALDA, JUAN G
Address: 2030 S OCEAN DR, #402
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: BALDA, JUAN G
Address: 2030 S. CEAN DR. #402
City-St-Zip: HALLANDALE, FL 33009

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARIO X BALDA

P

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date