LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

4/21/

FILED
May 09, 2003 8:00 am
Secretary of State
04-21-2003 90409 036 ****55.00

DOCUMENT # L02000032463

1. Entity Name

JAX, LLC

55039339

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1100 5th Avenue South	1100 5th Avenue South
Suite, Apt. #, etc. Suite 401	Suite, Apt. #, etc. Suite 401
City & State NAPLES, FLA	City & State NAPLES, FLA.
Zip 34102 Country	Zip 34102 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3762380 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name JACK O TACKETT

Street Address (P.O. Box Number is Not Acceptable) 1100 5th Avenue South Suite 401

City Naples FL Zip Code 34102

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 Jack Tackett 4/15/03
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM
NAME	HALVORSEN HOLDINGS
STREET ADDRESS	JEFFREY T. HALVORSEN
CITY-ST-ZIP	33 SE 4th STREET, #100 BOCA RATON, FL 33432
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CR2E083B (12/02)

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: JEFFREY T. HALVORSEN 4/15/03 561-369-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #