FILED
May 28, 2003 8:00 am
Secretary of State

4/15/2

04-15-2003 90033 025 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000034800

1. Entity Name
JACKSONS, LLC

44002721

Principal Place of Business	Mailing Address
7000 W. PALMETTO PARK RD., STE. 402 BOCA RATON, FL 33433	7000 W. PALMETTO PARK RD., STE. 402 BOCA RATON, FL 33433

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
		c/o Lamar Marine	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 145 Tower Avenue	
City & State		City & State Groton, CT	
Zip	Country	Zip 06340	Country

4. FEI Number 047-30-6922 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GREENFIELD, STEVEN B ESQ 7000 W. PALMETTO PARK RD., STE. 402 BOCA RATON, FL 33433	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 [signature] 4-9-03
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
and Return Form By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER Richard A. Polizzi, LLC 3777 NE 7th DRIVE BOCA RATON, FL 33431 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E063 (10/02)

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: [signature] 4.9.03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #