

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90352 004 ****55.00

DOCUMENT # L03000009987

1. Entity Name
JEMM CONSTRUCTION, L.L.C.



Principal Place of Business
1175 HOLLOW PINE DRIVE
OVIEDO, FL 32765

Mailing Address
1175 HOLLOW PINE DRIVE
OVIEDO, FL 32765

60034247



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03092007

Chg-LLC

CR2E083 (12/06)

City & State

City & State

4. FEI Number

Applied For

Zip

Country

Zip

Country

57-1158512

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

MORGIONI, MATTHEW R
1175 HOLLOW PINE DRIVE
OVIEDO, FL 32765

850 Cardinal Pointe Cove
Sanford, FL 32771

Name
← SAME

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

850 Cardinal Pointe Cove

City Sanford

FL

Zip Code
32771

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 reinstating)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MORGIONI, MATTHEW R
1175 HOLLOW PINE DRIVE
OVIEDO, FL 32765 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
850 Cardinal Pointe Cove
Sanford, FL 32771 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MORGIONI, SHERAL L
1175 HOLLOW PINE DRIVE
OVIEDO, FL 32765 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
850 Cardinal Pointe Cove
Sanford, FL 32771 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #