

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000010803

**FILED**  
**Feb 06, 2012**  
**Secretary of State**

**Entity Name:** JASON E. HAVENS, LL.M., P.L.L.C.

**Current Principal Place of Business:**

4481 LEGENDARY DRIVE  
SUITE 204  
DESTIN, FL 32541

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5496  
DESTIN, FL 325405496

**New Mailing Address:**

**FEI Number:** 11-3680036

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAVENS, JASON E  
4481 LEGENDARY DRIVE  
SUITE 204  
DESTIN, FL 32541 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:** MGRM  
**Name:** HAVENS, JASON E  
**Address:** 4481 LEGENDARY DRIVE, SUITE 204  
**City-St-Zip:** DESTIN, FL 32541

I hereby 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:** JASON E. HAVENS

MGRM

02/06/2012

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