

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000017092

1. Entity Name
JME, LLC



Principal Place of Business
639 BLUEBELL COURT
WELLINGTON, FL 33414

Mailing Address
639 BLUEBELL COURT
WELLINGTON, FL 33414

FILED

07 MAY 22 PM 2:41

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



04302007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number 65-1188940	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

EBERSOLD, JASON
639 BLUEBELL COURT
WELLINGTON, FL 33414

**DO NOT WRITE
IN THIS SPACE**

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**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EBERSOLD, JASON 639 BLUEBELL COURT WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i>
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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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-30-07

581/474/6363