



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90061 029 ***138.75

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DOCUMENT # L03000023651					
1. Entity Name JERLIC, LLC					
Principal Place of Business 250 CENTERWOOD LANE MULBERRY, FL 33860			Mailing Address 250 CENTERWOOD LANE MULBERRY, FL 33860		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. 250 Canterwood Lane		Suite, Apt. #, etc. 250 Canterwood Lane			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 02-0697146	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent REHBERG, JAMES H 6802 SHIMMERING DRIVE LAKE LAND, FL 33813				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 250 Canterwood Lane City Mulberry FL Zip Code 33860	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REHBERG, JAMES H 250 CENTERWOOD LANE MULBERRY, FL 33860	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	250 Canterwood Lane	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOFFMAN, L K P.O. BOX 7357 LAKE LAND, FL 33807	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: 			Date: 4/10/08 Daytime Phone #: 863-642-8450		