## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L03000023869

## May 02, 2008 8:00 am Secretary of State 05-02-2008 90016 028 \*\*\*138.75

1. Entity Nam JAMDA-S								
Principal Plac	e of Business	Mailing Address			ėnn	120011		
1725 UNIVERSITY DR., STE. 350 1725 UNIVERSITY DR., STE. CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33071					60038014			
		,			<u> </u>			
2 Principal Place of Business - No P.O. Box # 1.50 NW 33 No P.O. Box # 2.50 NW 33 NO P.O. Box #			M Street					
Suite, Apr. #, etc. Suite, Apr. #, etc. Suite, Apr. #, etc. Suite, Apr. #, etc.				04282008	Chg-LLC	CR2E083 (12/06)		
Cara Sonnes FL		Coral Springs, FL		4. FEI Number 20-095		<b>⊢</b>	pplied For at Applicable	
Zip	Obuntry	Zip	Country		of Status Desired	□ \$5.00 Add	litional	
7530	6. Name and Address of Current I	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	)5 <del> </del>	ŀ		Fee Required	d	
Name					7. Name and Address of New Registered Agent			
LEVY, GEORGE 1725 UNIVERSITY DR., STE. 350				Street Address (P.O. Box Number in Not Acceptable)				
CORAL SPRINGS, FL 33071				Suite 107				
City C					( Springs FL 33065			
8. The above named entity summits 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 prough name of registeregistern and title if applicable. (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 MEMBE	<del></del>	10.		ADDITIONS/		C	
TITLE NAME	LEVY, GEORGE	☐ Delete	TITLE NAME		-00 - 3 - 51	Change	Addition	
STREET ADDRESS	1725 UNIVERSITY DR., STE. 350	)	STREET ADDRESS 9	750 m 3	512 St, 31	10 (C		
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NAME		Delete	NAME			oncorge		
STREET ADDRESS			STREET ADDRESS					

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 mysignature 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

PRINTED NAME OF SI

SIGNATURE: V SIGNATURE AND TYPED OF

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Change

Addition