

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000028513

1. Entity Name
JNG, LLC



Principal Place of Business
900 S MILITARY TRL
WEST PALM BEACH, FL 33413-3910

Mailing Address
900 S MILITARY TRL
WEST PALM BEACH, FL 33413-3910



04102005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0051232

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KALOGEROPOULOS, LYNNE
6718 LAKE NONA PLACE
LAKE WORTH, FL 33463

**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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2005**

U000000355713
05/04/05-800006-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KALOGEROPOULOS, LYNNE
STREET ADDRESS	6718 LAKE NONA PL
CITY - ST - ZIP	LAKE WORTH, FL 33463
TITLE	MGRM
NAME	ALLEN, LINDA
STREET ADDRESS	8775 AMBACH WAY
CITY - ST - ZIP	HYPOLUXO, FL 33462
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Linda Allen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/29/05