

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90210 006 ****50.00

DOCUMENT # L03000029649

1. Entity Name

JASPEN, LLC



Principal Place of Business

7366 PINEWALK DRIVE SOUTH
MARGATE FL 33063

Mailing Address

7366 PINEWALK DRIVE SOUTH
MARGATE FL 33063

2. Principal Place of Business

6090 BOULEVARD OF CHAMPIONS

Suite, Apt. #, etc.

3. Mailing Address

6090 BOULEVARD OF CHAMPIONS

Suite, Apt. #, etc.

City & State

NORTH LAUDERDALE FL

City & State

NORTH LAUDERDALE FL

Zip

33068

Country

USA

Zip

33068

Country

USA

4. FEI Number

55 0846081

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREEN, RODNEY NORTH
7366 PINEWALK DRIVE SOUTH
MARGATE FL 33063

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

2/4/04

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PRESIDENT
RODNEY N. GREEN
6090 BLVD OF CHAMPIONS
N. LAUDERDALE, FL 33068

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE
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CITY - ST - ZIP

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/4/04 654-978-8060