

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000035522

FILED
Aug 11, 2009
Secretary of State**Entity Name:** JANRON, LLC**Current Principal Place of Business:**3475 11TH CIRCLE
SUITE 105
VERO BEACH, FL 32960**New Principal Place of Business:**1880 37TH STREET
SUITE 4
VERO BEACH, FL 32960**Current Mailing Address:**3475 11TH CIRCLE
SUITE 105
VERO BEACH, FL 32960**New Mailing Address:**1880 37TH STREET
SUITE 4
VERO BEACH, FL 32960**FEI Number:** 36-4539692**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DEC CONSULTANTS, INC.
1515 INDIAN RIVER BLVD.
SUITE A-210
VERO BEACH, FL 32960 US**Name and Address of New Registered Agent:**

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.

SIGNATURE:_____
Electronic Signature of Registered Agent_____
Date**MANAGING MEMBERS/MANAGERS:****Title:** MGR () Delete
Name: ANDERSON, JANET
Address: 3475 11TH CIR STE 105
City-St-Zip: VERO BEACH, FL 32960**Title:** MGR () Delete
Name: WILLIAMS, CLAYTON R
Address: 3745 11TH CR STE 105
City-St-Zip: VERO BEACH, FL 32960**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** MGR (X) Change () Addition
Name: WILLIAMS, CLAYTON R
Address: 1880 37TH STREET, SUITE 4
City-St-Zip: VERO BEACH, FL 32960

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JANET ANDERSON

MGR

08/11/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date