

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Oct 01, 2004 8:00 am
Secretary of State

08-26-2004 90061 001 ****50.00

DOCUMENT # L03000048913

1. Entity Name

JAXVAIL DESIGNS, L.L.C.



Principal Place of Business
1032 PONTE VEDRA BLVD.
PONTE VEDRA FL 32082

Mailing Address
1032 PONTE VEDRA BLVD.
PONTE VEDRA FL 32082

34010636



MOORE

CR2E083 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

57-1199924

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARTLETT, BARON L ESQ.
C/O BARTLETT & DEAL, P.A.
1350 PROFESSIONAL DRIVE, SUITE 101
PONTE VEDRA BEACH FL 32082

Name

Kim Dodson-Priscott

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

1032 Ponte Vedra Blvd

City

Ponte Vedra Beach

FL

Zip Code

32082

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

Kim Dodson-Priscott

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/24/04

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME DODSON-PRESCOTT, KIMBERLEE A
STREET ADDRESS 1032 PONTE VEDRA BLVD.
CITY-ST-ZIP PONTE VEDRA FL 32082

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME Priscott, William R
STREET ADDRESS 1032 Ponte Vedra Blvd
CITY-ST-ZIP Ponte Vedra Beach, FL 32082

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Kim Dodson-Priscott

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

8/24/04

Date

904-465-5254

Daytime Phone #



Attachment
34010636

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

August 30, 2004

JAXVAIL DESIGNS, L.L.C.
1032 PONTE VEDRA BLVD.
PONTE VEDRA, FL 32082

Subject: JAXVAIL DESIGNS, L.L.C.

Reference Number:

L03000048913

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCAION,
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF
CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314
WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/al

ANNUAL REPORTS SECTION