


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000002621 1. Entity Name JOHN ANDREW JONES CPA, LLC	
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Principal Place of Business 7757 159TH COURT NORTH PALM BEACH GARDENS, FL 33418 US	Mailing Address 7757 159TH COURT NORTH PALM BEACH GARDENS, FL 33418 US
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03262008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0573219	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent JONES, JOHN A 7757 159TH COURT NORTH PALM BEACH GARDENS, FL 33418
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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 re-registering) DATE


FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000873211
04/10/08-80068-018 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, JOHN A 7757 159TH COURT NORTH PALM BEACH GARDENS, FL 33418
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DO NOT WRITE IN THIS SPACE

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 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:  **JOHN JONES** **3/24/08** **5617479988**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daypage Number