

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000009532

FILED
Jul 11, 2009
Secretary of State

Entity Name: JAIME KOLB ENTERPRISES, LLC

Current Principal Place of Business:

160 JACKSON'S RUN
UNIT C-3
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

BOX 196
10859 EMERALD COAST PARKWAY WEST
DESTIN, FL 32550

New Mailing Address:

196
10859 EMERALD COAST PARKWAY WEST
DESTIN, FL 32550

FEI Number: 20-0688189 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KOLB, JAIME B
160 JACKSON'S RUN
UNIT C-3
SANTA ROSA BEACH, FL 32459 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: KOLB, JAIME B
Address: 160 JACKSON'S RUN UNIT C-3
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGR () Delete
Name: KOLB, MEREDITH B
Address: 160 JACKSON'S RUN UNIT C-3
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAIME B KOLB

MR

07/11/2009

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