

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90145 038 \*\*\*\*50.00

DOCUMENT # L04000010237

1. Entity Name

JACK SCHRAMM COX, L.L.C.



Principal Place of Business

9002 S.E. BRIDGE ROAD  
HOBE SOUND FL 33455

Mailing Address

9002 S.E. BRIDGE ROAD  
HOBE SOUND FL 33455



2. Principal Place of Business - No P.O. Box #

11450 SE DIXIE HIGHWAY

Suite, Apt. #, etc.

SUITE 104

3. Mailing Address

11450 SE DIXIE HIGHWAY

Suite, Apt. #, etc.

SUITE 104

1st MOORE

CR2E083 (10/06)

City & State

HOBE SOUND, FL

City & State

HOBE SOUND, FL

4. FEI Number

11-3748680

Applied For

Not Applicable

Zip

33455

Country

USA

Zip

33455

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COX, JACK S  
9002 S.E. BRIDGE ROAD  
HOBE SOUND FL 33455

7. Name and Address of New Registered Agent

Name

COX, JACK S.

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

11450 SE DIXIE HIGHWAY

SUITE 104

City

HOBE SOUND

FL

Zip Code

33455

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MGRM  
COX, JACK S  
9002 SE BRIDGE ROAD  
HOBE SOUND FL 33455

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MGRM  
COX, JACK S.  
11450 SE DIXIE HIGHWAY, SUITE 104  
HOBE SOUND, FL 33455

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

3/20/07 772-545-9025

Date

Daytime Phone #