

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90075 044 ***138.75

DOCUMENT # L04000010329

1. Entity Name
JEM INSTALLS, LLC



Principal Place of Business

~~22307 CARSON DR~~
LAND O LAKES, FL 34639 US

Mailing Address

~~P.O. BOX 180164~~
TALLAHASSEE, FL 32318 US

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

21378 Entry Way

Suite, Apt. #, etc.

3. Mailing Address

1001 Colonial Dr

Suite, Apt. #, etc.

02242008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

20-0943207

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, LINDA
1400 METROPOLITAN BLVD
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name

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

1001 Colonial Dr

City

Havana

FL

Zip Code

32333

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

(NOTE: Registered Agent signature required when reinstating)

2-25-08

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME MARTIN, JASON
STREET ADDRESS ~~22307 CARSON DR~~
CITY-ST-ZIP LAND O LAKES, FL 34639

TITLE MGRM ☐ Delete
NAME MARTIN, LINDA B
STREET ADDRESS 1400 METROPOLITAN BLVD
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1001 Colonial Dr
CITY-ST-ZIP Havana, FL 32333

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1001 Colonial Dr
CITY-ST-ZIP Havana, FL 32333

TITLE ☐ Change ☐ Addition
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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 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

[Signature], Managing Member