

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90036 004 ****50.00

DOCUMENT# L04000010824

1. Entity Name
JAMACO, LLC



Principal Place of Business
22053 STATE ROAD 7, BUILDING C
BOCA RATON, FL 33431

Mailing Address
22053 STATE ROAD 7, BUILDING C
BOCA RATON, FL 33431



01082006No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
45-0534681

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DR. ALAN G. WASSERMAN
KAHAN, SHIR, & ASS., P.L. GUY
1800 N.W. CORPORATE BLVD, SUITE 102
BOCA RATON, FL 33431

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IN THIS SPACE**

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, the registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PT
WASSERMAN, ALAN G DR
22053 STATE ROAD 7
BOCA RATON, FL 33428

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPS
WASSERMAN, JACQUELINE F
22053 STATE ROAD 7
BOCA RATON, FL 33428

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

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

Date

Daytime Phone #