

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

**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**



04112007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

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

**DO NOT WRITE  
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 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, 2007**

U000000706437  
04/24/07-80034-012 50.00

**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	
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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:**

*[Signature]* **ALAN G WASSERMAN** 4/11/07 561-477-9320

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

Date

Daytime Phone #