2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000011052

1. Entity Name
JERMY ENTERPRISES, LLC

Principal Place of Business	Mailing Address
2109 DEL PRADO BLVD S CAPE CORAL, FL 33990 US	2109 DEL PRADO BLVD S CAPE CORAL, FL 33990 US

DO NOT WRITE IN THIS SPACE

01192008No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-1131715
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

JERMY, ANDREW S
2109 DEL PRADO BLVD
CAPE CORAL, FL 33990

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	JERMY, ANDREW S
STREET ADDRESS	2109 DEL PRADO BLVD S
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	MGRM
NAME	JERMY, TRACEY L
STREET ADDRESS	2109 DEL PRADO BLVD S
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/15/08-80035-018 138.75

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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: ✓ Andrew Jermy 239-772-3377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #