

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000011531 1. Entity Name JACS, LLC	
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Principal Place of Business 12273 EMERALD COAST PKWY, UNIT 108 DESTIN, FL 32550	Mailing Address P.O. BOX 6697 DESTIN, FL 32550
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07052007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0096561	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

DIXON, STEPHEN D MGRM
PO BOX 6697
DESTIN, FL 32550

**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 September 14, 2007**

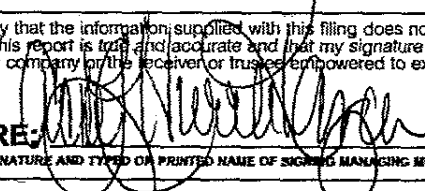
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DIXON, STEPHEN D 12273 EMERALD COAST PKWY, UNIT 108 DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DIXON, CARLA J 12273 EMERALD COAST PKWY, UNIT 108 DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KAZEK, JON J 12273 EMERALD COAST PKWY, UNIT 108 DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KAZEK, ANNE HURRLE 12273 EMERALD COAST PKWY, UNIT 108 DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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07/10/07-80013-014 50.00

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

7-05-07

Date

850-585-4519

Daytime Phone #