

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L04000018041	
1. Entity Name R&D JONES LOOP, LLC	
Principal Place of Business 14895 BELLEZZA LANE NAPLES, FL 34110	Mailing Address 14895 BELLEZZA LANE NAPLES, FL 34110



01312008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-3116510	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

GRABINSKI, MATTHEW L ESQ
4001 TAMiami TR NORTH
SUITE 300
NAPLES, FL 34103

**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

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RUBINTON, JON
STREET ADDRESS	14895 BELLEZZA LANE
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	MGRM
NAME	BOULOS, JOE
STREET ADDRESS	ONE CANAL PLAZA
CITY-ST-ZIP	PORTLAND, ME 04101
TITLE	MGRM
NAME	LABARCA, JOHN
STREET ADDRESS	15 DEERING COURT
CITY-ST-ZIP	LAUREL HOLLOW, NY 117919630
TITLE	MGRM
NAME	CHRENC, ROBERT J
STREET ADDRESS	2308 TROON COURT
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000821341
02/19/08-80020-012-138.75

**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

Date

Daytime Phone #

2/5/08 239-592-0134