

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90022 047 ***150.00

DOCUMENT # L04000033401

1. Entity Name
JMCK ENTERPRISES, LLC



Principal Place of Business
2551 LAKEVIEW DR
SEBRING, FL 33870 US

Mailing Address
2551 LAKEVIEW DR
SEBRING, FL 33870 US

60036204



04142006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2451376

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FUTCH, JEFFREY E
2551 LAKEVIEW DR
SEBRING, FL 33870

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
FUTCH, JEFFREY E
2551 LAKEVIEW DR
SEBRING, FL 33870

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCKENNA, MARTIN J
2551 LAKEVIEW DR
SEBRING, FL 33870

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCKENNA, PATRICK
70 MAMMOTH GROVE RD
LAKE WALES, FL 33859

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 #

4-14-06

863-382-3594