

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

DOCUMENT # L04000035005



1. Entity Name

JADE ENTERPRISES, LLC

Principal Place of Business

11830 169TH COURT NORTH
JUPITER FL 33478
US

Mailing Address

11830 169TH COURT NORTH
JUPITER FL 33478
US

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 14-1933440

5. Certificate of Status Desired ☐ \$5.00 Fee R

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

LINES, FERNANDO
11830 169TH COURT NORTH
JUPITER FL 33478

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 filing this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am filing this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature typed or printed name of registered agent and fee (see page 10)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

000000954108
03/26/08-80095-C

ADDITIONS / CHANGES

9. MANAGING MEMBERS / MANAGERS ☐ Delete

TITLE NAME
MGRM
LINES, FERNANDO
11830 169TH COURT NORTH
JUPITER FL 33478

TITLE NAME
MGRM
LINES, LOURDES
11830 169TH COURT NORTH
JUPITER FL 33478

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 11 of the Florida Limited Liability Company Act and that my signature shall have the same legal effect as if made under the Florida Limited Liability Company Act or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Loures Lines*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE