

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90151 011 ****55.00

DOCUMENT # L04000040884

1. Entity Name

JMC NESTING SITES LLC



Principal Place of Business

**4105 TRALEE
TALLAHASSEE FL 32309**

Mailing Address

**4105 TRALEE
TALLAHASSEE FL 32309**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-1176880

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COOK, JOANNE M MS.
4105 TRALEE
TALLAHASSEE FL 32309**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
COOK, JOANNE M MS.
4105 TRALEE
TALLAHASSEE FL 32309**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**Managing member
Daniel C Cook
4105 Tralee
Tallahassee, FL 32309**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Joanne M Cook **Joanne M Cook**

1-28-06

850-893-8347