


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90018 038 ***538.75

DOCUMENT # L04000054126					
1. Entity Name JACKSON SMITH LLC					
Principal Place of Business 400 BAY FRONT PARKWAY PENSACOLA, FL 32502			Mailing Address P.O. BOX 13447 PENSACOLA, FL 32591		
2. Principal Place of Business - No P.O. Box # 1413 Keylan Cove			3. Mailing address PO Box 862		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Pensacola FL		City & State Gonzalez FL		4. FEI Number 20-1393528	
Zip 32534		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required <input type="checkbox"/>	
6. Name and Address of Current Registered Agent SMITH, JERRELL KENNY JR 420 BAYFRONT PARKWAY PENSACOLA, FL 32502				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1413 Keylan Cove City Pensacola FL Zip Code 32534	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, KENNY JR P.O. BOX 13447 PENSACOLA, FL 32591	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO Box 862 Gonzalez FL 32560	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACKSON, JOHN P O BOX 13447 PENSACOLA, FL 32591	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO Box 862 Gonzalez FL 32560	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
				Date _____ Daytime Phone # _____	

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