

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90174 046 ****50.00

DOCUMENT # L04000062158

1. Entity Name
JAG INVESTIGATION, LLC



Principal Place of Business
**1700 OWEN DR.
CLEARWATER, FL 33759**

Mailing Address
**P.O. BOX 4632
CLEARWATER, FL 33758**

20013105



02152005 Chg-LLC CR2E083 (10/03)

4. FEI Number

20-1590043

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GASTON, JERRY E
1700 OWEN DR.
CLEARWATER, FL 33759**

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

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **BARKAS, RYAN J JR.**
STREET ADDRESS **P.O. BOX 4632**
CITY-ST-ZIP **CLEARWATER, FL 33758**

TITLE **MGR** ☐ Delete
NAME **GASTON, JERRY E**
STREET ADDRESS **1700 OWEN DR.**
CITY-ST-ZIP **CLEARWATER, FL 33759**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

RYAN BARKAS 2-17-05 727-791-7555