

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065680

Entity Name: JERNIGAN FAMILY, LLC

FILED
May 04, 2010
Secretary of State

Current Principal Place of Business:

520 NORTH MAIN STREET
CRESTVIEW, FL 32536

New Principal Place of Business:

Current Mailing Address:

520 NORTH MAIN STREET
CRESTVIEW, FL 32536

New Mailing Address:

FEI Number: 20-1579437 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

JERNIGAN, JACK
520 NORTH MAIN STREET
CRESTVIEW, FL 32536 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: TRACEY, BETHEA
Address: 307 VAUGHAN STREET
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: MGRM
Name: JERNIGAN, JACK C
Address: 520 N MAIN STREET
City-St-Zip: CRESTVIEW, FL 32536

Title: MGRM
Name: LANCASTER, JILL
Address: PO BOX 631
City-St-Zip: VALPARAISO, FL 32580

Title: MGRM
Name: JERNIGAN, JAN
Address: 1226 WILDCLIFF PKWY
City-St-Zip: ATLANTA, GA 30324

Title: MGRM
Name: JERNIGAN, GEORGE
Address: 5091 ANTIOCH ROAD
City-St-Zip: CRESTVIEW, FL 32536

Title: MGRM
Name: JERNIGAN, JENNY
Address: 4910 OLD BEACH RD
City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: JACK JERNIGAN

MGRM

05/04/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date