

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90095 047 ****50.00

DOCUMENT # L04000069369

1. Entity Name
JAXPLAY EXPORTS LLC



Principal Place of Business
753 LAKE GENEVA DRIVE
JACKSONVILLE, FL 32092

Mailing Address
753 LAKE GENEVA DRIVE
JACKSONVILLE, FL 32092

200010001



2. Principal Place of Business
753 LAKE GENEVA DRIVE
Suite, Apt. #, etc.

3. Mailing Address
753 LAKE GENEVA DRIVE
Suite, Apt. #, etc.

06302005 Chg-LLC CR2E083 (10/03)

City & State
ST. AUGUSTINE FL.
Zip
32092
Country
USA

City & State
ST. AUGUSTINE, FL
Zip
32092
Country
USA

4. FEI Number
01-0839145
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
PERSAD, SAANJEET
753 LAKE GENEVA DRIVE
JACKSONVILLE, FL 32092

7. Name and Address of New Registered Agent
Name
PERSAD, SAANJEET
Street Address (P.O. Box Number is Not Acceptable)
753 LAKE GENEVA DRIVE
City
ST. AUGUSTINE FL Zip Code
32092

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 Saanjeet Persad
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 September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PERSAD, SAANJEET 753 LAKE GENEVA DRIVE JACKSONVILLE, FL 32092	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST. AUGUSTINE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: Saanjeet Persad
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date
06/30/05 (904)
Daytime Phone # 367-5040