

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000071401

1. Entity Name
LIPJAC, LLC



Principal Place of Business

2200 LUCIEN WAY

SUITE 410

MAITLAND, FL 32751 US

Mailing Address

2200 LUCIEN WAY

SUITE 410

MAITLAND, FL 32751 US



04302008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
47-0945712

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIBERTY LIPJAC, LLC.
2200 LUCIEN WAY
SUITE 410
MAITLAND, FL 32751

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IN THIS SPACE**

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 \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LIBERTY LIPJAC, LLC
STREET ADDRESS	2200 LUCIEN WAY SUITE 410
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	MGRM
NAME	BASSLER, ANDREW
STREET ADDRESS	2308 LAKE SUE DRIVE
CITY-ST-ZIP	WINTER PARK, FL 32803
TITLE	MGRM
NAME	D'ALOISE, JOHN J
STREET ADDRESS	2020 CITRUS COVE DRIVE
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	MGRM
NAME	VICKERS, CHARLES
STREET ADDRESS	201 WEST CANTON AVENUE, SUITE 275
CITY-ST-ZIP	WINTER PARK, FL 32790
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000938477
05/27/08-80091-019 138.75

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IN THIS SPACE**

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: Wm. Michael M. Hill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/29/08
Date

407/774/8818
Daytime Phone #