2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000094159

1. Entity Name

JORDYN HOLDINGS III, LLC



Principal Place of Business

1358 FRUITVILLE ROAD

SUITE 210 SARASOTA, FL 34236 Mailing Address

1358 FRUITVILLE ROAD Suite 210

SARASOTA, FL 34236

FILED Apr 25, 2008 8:00 am Secretary of State

04-25-2008 90019 003 ***138.75

60028598



DO NOT WRITE IN THIS SPACE

01152008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2248035

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

SASLOW, DAVID M ESQ. 1358 FRUITVILLE ROAD SUITE 210 SARASOTA, FL 34236

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8. The above the obligat	named entity submits this statement for the purpose of challons of registered agent.	anging its registered office or registered agent, or both, in the Sta	ate of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(WYTE Registrons Apost popular angles and a significant	DATE
· EILE	E NOW!!! FEE IS \$138.75	(NOTE: Registered Agent signature required when reinstating)	DATE
After May	y 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS	A PROGRAMMA PROGRAMMAN DE S	THE STATE OF THE S
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHESSLER, DAVID L 1358 FRUITVILLE ROAD, SUITE 210 SARASOTA, FL 34236		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		↓ DO NOT	FWRITE*
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #