

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # L05000011764

1. Entity Name
JAW HOLDINGS, LLC



Principal Place of Business
**5098 ISLAND CLUB DR
TAMARAC, FL 33319**

Mailing Address
**12804 SW 122ND AVENUE
MIAMI, FL 33186**



01152007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2382462

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WYNNE, JOEL F
8000 S US 1, SUITE 402
PORT ST LUCIE, FL 34952**

**DO NOT WRITE
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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WYNNE, JOEL F
8000 S US 1, SOUTH 402
PORT ST LUCIE, FL 34952**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WYNNE, ERIC P
8000 S US 1, SOUTH 402
PORT ST LUCIE, FL 34952**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WYNNE, MATTHEW L
8000 S US 1, SOUTH 402
PORT ST LUCIE, FL 34952**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

U00000723698
05/08/07-80048-025 50.00

**DO NOT WRITE
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: X

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

Date

Daytime Phone #