

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L05000011931

1. Entity Name  
JEEA, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JAN 10 AM 9:18

Principal Place of Business  
6353 WEST ROGERS CIRCLE, #1 AND #2  
BOCA RATON, FL 33487

Mailing Address  
6353 WEST ROGERS CIRCLE, #1 AND #2  
BOCA RATON, FL 33487



0052007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2437276

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

EYAL, AVIVA  
6353 WEST ROGERS CIRCLE, #1 AND #2  
BOCA RATON, FL 33487

**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	P
NAME	EYAL, JACK
STREET ADDRESS	6353 W. ROGERS CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	CO
NAME	EYAL, AVIVA
STREET ADDRESS	6353 W. ROGERS CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100084742221  
01/17/07--01040--016 \*\*150.00

**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: Aviva Eyal  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/5/07 (561) 988-2297