


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 15, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000015291 1. Entity Name JAM ART LLC	
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Principal Place of Business 15575 WOODMAR COURT WELLINGTON, FL 33414	Mailing Address 951 SW 4TH AVE BOCA RATON, FL 33432-5803
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02082007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2332427	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BLAKESBERG, WILLIAM J
951 SW 4TH AVE
BOCA RATON, FL, FL 33432

**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**

000000637333
02/26/07-80055-018 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSEN, JACK J 15575 WOODMAR COURT WELLINGTON, FL 334149053
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSEN, ANDREW 13627 ISHNALA CIRCLE WELLINGTON, FL 334147804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORDECHAY, ABRAMOVITZ 951 SW 4TH AVE BOCA RATON, FL 33432
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:

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

Date

Daytime Phone #

JACK ROSEN MGRM