


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000018105 1. Entity Name JARCK, LLC	
--	---

Principal Place of Business 6730 NW 11TH PL GAINESVILLE, FL 32605	Mailing Address 6730 NW 11TH PL GAINESVILLE, FL 32605
---	---



01082007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2411005	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent BUTTS, ROBERT P ESQ FISHER, BUTTS, SECHREST & WARNER, PA 5203 SW 91ST TERR, STE D GAINESVILLE, FL 32608

**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	MGRM ALDERMAN, JENNIFER L 6730 NW 11TH PL GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSS, KELLI C 6730 NW 11TH PL GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000584275
01/12/07-80030-007 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: _____

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

1/12/2007

Date

352 331 3234

Daytime Phone #