2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# L05000025468

Entity Name: MOLLICA & JENSON, LLC

Current Principal Place of Business:

1271 STATE ROAD 436, SUITE B149
CASSELBERRY, FL 32707 US

New Principal Place of Business:

Current Mailing Address:

1271 STATE ROAD 436, SUITE B149
CASSELBERRY, FL 32707 US

New Mailing Address:

FEI Number: 20-2486379 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOLLICA, MICHAEL
2624 TALBOT ROAD
FERN PARK, FL 32730 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	MOLLICA, MICHAEL	
Address:	2624 TALBOT ROAD	
City-St-Zip:	FERN PARK, FL 32730 US	
Title:	MGRM	( ) Delete
Name:	JENSON, DONALD	
Address:	6461 EVERINGHAM LANE	
City-St-Zip:	SANFORD, FL 32771 US	
Title:	MGRM	( ) Delete
Name:	LAPLANT, CYRUS L	
Address:	1606 CHERRY BLOSSOM TRAIL	
City-St-Zip:	LAKE MARY, FL 32746	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL MOLLICA MGRM 01/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date