2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000028345

1. Entity Name
JAG, LLC

Principal Place of Business	Mailing Address
670 JILLOTUS STREET MERRITT ISLAND, FL 32952	670 JILLOTUS STREET MERRITT ISLAND, FL 32952

04242008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2542191
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARTIN, JAHUE
670 JILLOTUS STREET
MERRITT ISLAND, FL 32952

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MARTIN, JAHUE
STREET ADDRESS	670 JILLOTUS STREET
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	MGRM
NAME	MULLER, DAN
STREET ADDRESS	2652 N.W. 31ST AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL
TITLE	MGRM
NAME	MARTIN, JAHUE DARIUS
STREET ADDRESS	670 JILLOTUS STREET
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/21/08-80109-012 143.75

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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: J. Martin JAHUE MARTIN, MGRM 04-25-08 407-947-4795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #