

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000031290**

1. Entity Name  
**JAGO, LLC**



Principal Place of Business  
**7015 SW 134TH AVENUE  
ARCHER, FL 32618**

Mailing Address  
**7015 SW 134TH AVENUE  
ARCHER, FL 32618**



04102008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2609616**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**JAGO, ANN G  
7015 SW 134TH STREET  
ARCHER, FL FL**

**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 \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
JAGO, ANN G  
7015 SW 134TH AVENUE  
ARCHER, FL 32618**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
JAGO, LONNIY M  
7015 SW 134TH AVENUE  
ARCHER, FL 32618**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

U000000307482  
05/05/08-80040-003 143.75

**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:**

*Ann G. Jago*  
**Ann G. Jago**

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

**4/10/08 (352) 264-0309**  
Date Daytime Phone #