2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# L05000039667

Entity Name: JACKSON CLAIRE, LLC

Current Principal Place of Business:

PO BOX 4543
ST. AUGUSTINE, FL 32085

New Principal Place of Business:

Current Mailing Address:

PO BOX 4543
ST. AUGUSTINE, FL 32085

New Mailing Address:

FEI Number: 20-2783117 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STONEBURNER, GRESHAM R
841 PRUDENTIAL DRIVE, SUITE 1400
JACKSONVILLE, FL 32207 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: MENDOZA, CARLOS E
Address: PO BOX 4543
City-St-Zip: ST. AUGUSTINE, FL 32085

Title: MGRM ( ) Delete
Name: SMITH, JAMES W
Address: 2408 KACIE LANE
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: MGRM ( ) Delete
Name: MENDOZA, APRIL S
Address: PO BOX 4543
City-St-Zip: ST. AUGUSTINE, FL 32085

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: APRIL S MENDOZA MGRM 04/01/2009

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