

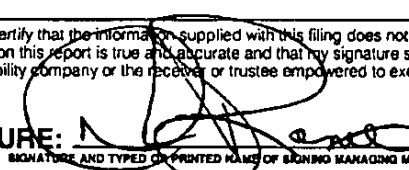
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

REJECTED

09-07-2006 90037 018 *****55.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 28 AM 11:12

DOCUMENT # L05000041174					
1. Entity Name JETT CARE JAX, L.L.C.					
Principal Place of Business P.O. BOX 3765 PEACHTREE CITY, GA 30269			Mailing Address P.O. BOX 3765 PEACHTREE CITY, GA 30269		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 08232006 Chg-LLC CR2E083 (11/05)	
5. Certificate of Status Desired ☒				Applied For ☒ Not Applicable	
6. Name and Address of Current Registered Agent STRAUSBAUGH, JAMES 2400 YANKEE CLIPPER DRIVE, CONCOURSE C JACKSONVILLE, FL 32218				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WALTER, KARL P.O. BOX 3765 PEACHTREE CITY, GA 30269	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	9/7/06 - 90037 018 \$55.00	
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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: 			9-506 70560 5346		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		