

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

FILED L05000046767

08 MAR -3 AM 9:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000046767

1. Entity Name  
JABILL HOLDINGS, LLC



Principal Place of Business

602 N. OREGON AVE.  
TAMPA, FL 33606

Mailing Address

602 N. OREGON AVE.  
TAMPA, FL 33606

**DO NOT WRITE IN THIS SPACE**



C1042008No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
20-3653472

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TEPPER, JAMES A  
2811 W PATTERSON ST  
TAMPA, FL 33614

**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 P  
NAME TEPPER, JAMES A  
STREET ADDRESS 2811 W PATTERSON ST  
CITY-ST-ZIP TAMPA, FL 33614

TITLE ST  
NAME MCCASLAND, WILLIAM G  
STREET ADDRESS 1411 E HONEY ST  
CITY-ST-ZIP TAMPA, FL 33604

Henry

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

02/06/08-90035-001-\$138.75

**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 606, Florida Statutes.

SIGNATURE: \_\_\_\_\_

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

1/25/2008

Date

813-254-4681

Daytime Phone #