

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000053313

Entity Name: JASON ZIEGEL, LLC

FILED
Aug 12, 2009
Secretary of State

Current Principal Place of Business:

8182 TORTUGA ST.
NAVARRE, FL 32566 US

New Principal Place of Business:

8174 TORTUGA ST.
NAVARRE, FL 32566 US

Current Mailing Address:

8182 TORTUGA ST.
NAVARRE, FL 32566 US

New Mailing Address:

8174 TORTUGA ST.
NAVARRE, FL 32566 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ZIEGEL, JASON L
8182 TORTUGA ST.
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

ZIEGEL, JASON L
8174 TORTUGA ST.
NAVARRE, FL 32566 US

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:

08/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: ZIEGEL, JASON L PRESIDE
Address: 8182 TORTUGA ST.
City-St-Zip: NAVARRE, FL 32566 US

Title: MGRM (X) Delete
Name: UPTAGRAFFT, ANTHONY
Address: 1841 CANDLEWOOD DRIVE
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: ZIEGEL, JASON L PRESIDE
Address: 8174 TORTUGA ST.
City-St-Zip: NAVARRE, FL 32566 US

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: JASON ZIEGEL

PRES

08/12/2009

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