


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000060251

1. Entity Name
JENNIFER E. CLOSSHEY, L.L.C.



Principal Place of Business 2111 N. GOLFVIEW DRIVE PLANT CITY, FL 33566	Mailing Address 2111 N. GOLFVIEW DRIVE PLANT CITY, FL 33566
--	--

03202008No Chg-LLC CR2E083 (12/07)

4. FEI Number 83-0433859	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CLOSSHEY, JENNIFER E
 2111 N GOLFVIEW DR
 PLANT CITY, FL 33566**



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 _____

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	MGRM CLOSSHEY, JENNIFER E 2111 NORTH GOLFVIEW DRIVE PLANT CITY, FL 33566
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	



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:  **Jennifer E Closshey** **(813) 754-5350**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE **4/18/08** Date Daytime Phone #