

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000060466

Entity Name: SCOKAJO JENNINGS LLC

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1045 LAKE CLARKE DRIVE  
WEST PALM BEACH, FL 33406

**New Principal Place of Business:**

**Current Mailing Address:**

1045 LAKE CLARKE DRIVE  
WEST PALM BEACH, FL 33406

**New Mailing Address:**

FEI Number: 20-3018196

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEITH, KATHLEEN S  
1045 LAKE CLARKE DR  
WEST PALM BEACH, FL 33406 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: MGR  
Name: LEITH, KATHLEEN  
Address: 1045 LAKE CLARKE DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33406

Title: MGR  
Name: LEITH, SCOTT  
Address: 1045 LAKE CLARKE DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33406

I hereby 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: KATHLEEN S. LEITH

PRES

01/05/2010

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