

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000066622

Entity Name: JNK, L.L.C.

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

**Current Principal Place of Business:**

2759 STATE ROAD 580  
SUITE 211  
CLEARWATER, FL 33761 US

**New Principal Place of Business:**

**Current Mailing Address:**

2759 STATE ROAD 580  
SUITE 211  
CLEARWATER, FL 33761 US

**New Mailing Address:**

FEI Number: 20-3113874

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COLA, NICK P CPA  
2759 STATE ROAD 580  
SUITE 211  
CLEARWATER, FL 33761 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: MGRM  
Name: GILLIAM, JAMES W  
Address: 2759 STATE ROAD 580, SUITE 211  
City-St-Zip: CLEARWATER, FL 33761 US

Title: MGRM  
Name: COLA, NICK P  
Address: 2759 STATE ROAD 580, SUITE 211  
City-St-Zip: CLEARWATER, FL 33761 US

Title: MGRM  
Name: POULIN, KARL C  
Address: 1261 S. MISSOURI AVENUE  
City-St-Zip: CLEARWATER, FL 33756 US

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: NICK P COLA

MGRM

01/05/2010

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