

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000067313

**FILED**  
**Jan 14, 2009**  
**Secretary of State**

**Entity Name:** BUSINESS BROKERS OF JACKSONVILLE, LLC

**Current Principal Place of Business:**

13399 STONE POND DR.  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**

13399 STONE POND DR.  
JACKSONVILLE, FL 32224

**New Mailing Address:**

**FEI Number:** 06-1750772

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PATEL, VINOD  
13399 STONE POND DR  
JACKSONVILLE, FL 32224 US

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

PATEL, VIN  
13399 STONE POND DR  
JACKSONVILLE, FL 32224 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: VIN PATEL

01/14/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PATEL, VINOD  
Address: 13399 STONE POND DR  
City-St-Zip: JACKSONVILLE, FL 32224

**ADDITIONS/CHANGES:**

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: VIN PATEL

MR

01/14/2009

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