## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000074062

Entity Name: JACKSON-NOLEN, LLC

**FILED** Mar 12, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

290 CYPRESS GARDENS BLVD. 290 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33882 WINTER HAVEN, FL 33882

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 1439 P.O. BOX 1439

WINTER HAVEN, FL 33882 WINTER HAVEN, FL 33882 US

FEI Number: 20-3518437 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SAMMONS, ROBERT O 1556 SIXTH STREET SE WINTER HAVEN, FL 33880

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:

Date

Title:

Title:

Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES:

Electronic Signature of Registered Agent

US

290 CYPRESS GARDENS BLVD.

WINTER HAVEN, FL 33882 US

NOLEN, J.M.

MGR

(X) Change ( ) Addition

(X) Change ( ) Addition

## MANAGING MEMBERS/MANAGERS:

() Delete

Name: NOLEN J.M. Address: 290 CYPRESS GARDENS BLVD. City-St-Zip: WINTER HAVEN, FL 33882

Title: MGR ( ) Delete

Name: JACKSON, CARL

Name: JACKSON, CARL Address: 290 CYPRESS GARDENS BLVD. Address: 290 CYPRESS GARDENS BLVD. City-St-Zip: WINTER HAVEN, FL 33882 City-St-Zip: WINTER HAVEN, FL 33882 US

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

SIGNATURE: J. M. NOLEN 03/12/2009

or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.