

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L05000084123

1. Entity Name  
JKG, LLC



Principal Place of Business  
3062 ROLLING HILLS LN  
MARIANNA, FL 32446

Mailing Address  
P.O. BOX 1564  
MARIANNA, FL 32447 US



01142008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3358418

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HAMILTON, JOHN M  
3062 ROLLING HILLS LN  
MARIANNA, FL 32446

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000787463  
01/17/08-80054-026 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HAMILTON, JOHN M 3062 ROLLING HILLS LN MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STRICKLAND, LAWRENCE E 5130 LAKE BLUFF CIRCLE MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILLIAMS, HENRY K 3413 PARKWOOD DRIVE MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: John M. Hamilton  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #