

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90134 038 ****50.00

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|---|---------------------------------|---|--|
| DOCUMENT # L05000084755 | | | |
| 1. Entity Name JASON WELLS ENTERPRISE L.L.C. | | | |
| Principal Place of Business 13884 YORK COURT #D WELLINGTON, FL 33414 | | Mailing Address 13884 YORK COURT #D WELLINGTON, FL 33414 | |
| 2. Principal Place of Business - No P.O. Box # 17203 48th. Crt. N. | | 3. Mailing Address 17203 48th. Crt. N. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Loxahatchee, FL. | | City & State Loxahatchee, FL. | |
| Zip 33470 | | Country USA | |
| 4. FEI Number NOT APPLICABLE | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WELLS, JASON J MGR 13884 YORK COURT #D WELLINGTON, FL 33414 | | 7. Name and Address of New Registered Agent Name: Wells, JASON J MGR Street Address (P.O. Box Number is Not Acceptable): 17203 48th Crt. N. City: Loxahatchee FL Zip Code: 33470 | |
| 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: <i>[Signature]</i> DATE: 3/6/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE: MGR NAME: WELLS, JASON J MGR STREET ADDRESS: 13884 YORK COURT #D CITY-ST-ZIP: WELLINGTON, FL 33414 | <input type="checkbox"/> Delete | TITLE: MGR NAME: WELLS, JASON J MGR STREET ADDRESS: 17203 48th Crt. N. CITY-ST-ZIP: Loxahatchee, FL. 33470 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Delete | TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | Date: 3/6/07 Daytime Phone #: (561) 644-9070 | |