

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000109132

1. Entity Name
JONAN SERVICES, LLC



Principal Place of Business
**4007 EAST 39TH STREET
BRADENTON, FL 34208 US**

Mailing Address
**4007 EAST 39TH STREET
BRADENTON, FL 34208 US**

DO NOT WRITE IN THIS SPACE



02232007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-3977523

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MEISSNER, GREGORY C
1111 WEST 3RD AVENUE
SUITE 150
BRADENTON, FL 34205**

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KIERNAN, JOHN
STREET ADDRESS	4007 EAST 39TH STREET
CITY-ST-ZIP	BRADENTON, FL 34208
TITLE	MGRM
NAME	KIERNAN, NANCY
STREET ADDRESS	4007 EAST 39TH STREET
CITY-ST-ZIP	BRADENTON, FL 34208
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**

U00000711750
04/26/07-80020-006 50.00

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #