

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000110037

1. Entity Name

JASTES PROPERTIES, LLC



Principal Place of Business

3894 TAMPA ROAD
SUITE B
OLDSMAR FL 34677

Mailing Address

3894 TAMPA ROAD
SUITE B
OLDSMAR FL 34677



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3825908

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHMALZ, JOHN A
3894 TAMPA ROAD
SUITE B
OLDSMAR FL 34677

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

John A. Schmalz

(NOTE: Registered Agent signature required when re-registering)

DATE

1-22-07

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGRM ☐ Delete
NAME: SCHMALZ, JOHN A
STREET ADDRESS: 3894 TAMPA ROAD, STE. B
CITY-STATE-ZIP: OLDSMAR FL 34677

☐ Change ☐ Addition
UN00000610535
02/02/07-80023-013 50.00

TITLE: MGRM ☐ Delete
NAME: SCHMALZ, TRUDY E
STREET ADDRESS: 3894 TAMPA ROAD, STE. B
CITY-STATE-ZIP: OLDSMAR FL 34677

☐ Change ☐ Addition

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

☐ Change ☐ Addition

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NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 A. Schmalz

1-22-07

813 8556639

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

Date

Daytime Phone #