

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000114775

1. Entity Name
JMAC, LLC



Principal Place of Business
**2902 SE 22ND AVENUE
CAPE CORAL, FL 33904-4021 US**

Mailing Address
**2902 SE 22ND AVENUE
CAPE CORAL, FL 33904-4021 US**



01042008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-1696245

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CANDIANO, JAMES
2902 SE 22ND AVENUE
CAPE CORAL, FL 33904-4021**

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CANDIANO, JAMES
STREET ADDRESS	2902 SE 22ND AVENUE
CITY-ST-ZIP	CAPE CORAL, FL 339044021
TITLE	MGRM
NAME	CANDIANO, MICHELE L
STREET ADDRESS	2902 SE 22ND AVENUE
CITY-ST-ZIP	CAPE CORAL, FL 339044021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000774401
01/07/08-80013-009 138.75

**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: *James Candiano* **JAMES CANDIANO**
Michele Candiano **Michele Candiano**

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

Date

Daytime Phone #

1/4/08 (239) 542-7942