

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 17, 2006 8:00 am
Secretary of State

05-17-2006 90090 025 ****50.00

DOCUMENT # L05000115264

1. Entity Name

JENNIFER'S ENTERPRISES, LLC



Principal Place of Business

625 COURT STREET, SUITE 200
C/O J. PAUL RAYMOND
CLEARWATER FL 33756

Mailing Address

625 COURT STREET, SUITE 200
C/O J. PAUL RAYMOND
CLEARWATER FL 33756



2. Principal Place of Business

426 Patricia Ave
Suite, Apt. #, etc.

3. Mailing Address

426 Patricia Ave
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Dunedin FL

City & State

Dunedin FL

4. FEI Number

204044 007

Applied For

Not Applicable

Zip

34698

Country

USA

Zip

34698

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAYMOND, J. PAUL
625 COURT STREET, SUITE 200
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name Jennifer Harmon

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

1124 Sunnydale Dr

City Clearwater

FL

Zip Code 33755

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE Managing Member ☐ Delete
NAME Jennifer Harmon
STREET ADDRESS 1124 Sunnydale Drive
CITY-ST-ZIP Clearwater, FL 33755

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

Jennifer Harmon

4/21/06 7274159061