

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90344 020 ****50.00

DOCUMENT # L05000119545

1. Entity Name
JCO, LLC



Principal Place of Business

500 PINE ROAD
NOKOMIS, FL 34275
3413 Lucerne Ter.
Prt. Charlotte FL 33952

Mailing Address

500 PINE ROAD
NOKOMIS, FL 34275
3413 Lucerne Ter.
Prt. Charlotte FL 33952

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

3413 Lucerne Ter.

3. Mailing Address

Suite, Apt. #, etc.

Port Charlotte, FL.

City & State

City & State

Zip
33952

Country
Charlotte

Zip

Country

01122007

Chg-LLC

CR2E083 (12/06)

4. FEI Number
20-4022669

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STANDARD, JERRY A
500 PINE ROAD
NOKOMIS, FL 34275
3413 Lucerne Ter.
Port Charlotte FL 33952

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-07

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME STANDARD, JERRY A
STREET ADDRESS 500 PINE ROAD 3413 Lucerne Ter
CITY-ST-ZIP NOKOMIS, FL 34275 Prt Charlotte FL 33952

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-29-07