

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2007 90344 001 ****50.00

DOCUMENT # L05000120293

1. Entity Name
JAAD, LLC



Principal Place of Business
% JEFFREY A. GREBE
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236

Mailing Address
% JEFFREY A. GREBE
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-4383980

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREBE, JEFFREY A
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236

Name
Bonnie Lee Polk
Street Address (P.O. Box Number is Not Acceptable)
6915 Ranch Road
City Sarasota FL Zip Code 34243

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, name 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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete
NAME GREBE, JEFFREY A
STREET ADDRESS 200 SOUTH ORANGE AVE
CITY-ST-ZIP SARASOTA, FL 34236

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

TITLE MGR ☐ Delete
NAME POLK, BONNIE LEE A
STREET ADDRESS 200 S ORANGE AVE
CITY-ST-ZIP SARASOTA, FL 34236

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Bonnie Lee G. Polk Bonnie Lee A. Polk 4/23/07 (941) 552-5548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #