2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2008
Secretary of State

DOCUMENT# L05000120481

Entity Name: JACK'S "WE-FIX-IT", LLC

Current Principal Place of Business:

5800 SE 39TH AVE
OCALA, FL 34480 US

New Principal Place of Business:

Current Mailing Address:

5800 SE 39TH AVE
OCALA, FL 34480 US

New Mailing Address:

FEI Number: 20-3962644 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HADER, JOHN
5800 SE 39TH AVE
OCALA, FL 34480 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ______________________________
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	HADER, BETTIE	
Address:	5720 SE 39TH AVE	
City-St-Zip:	OCALA, FL 34480 US	
Title:	MGRM	(X) Delete
Name:	HADER, WYETH	
Address:	5720 SE 39TH AVE	
City-St-Zip:	OCALA, FL 34480 US	
Title:	MGRM	(X) Delete
Name:	HADER, JOHN	
Address:	5720 SE 39TH AVE	
City-St-Zip:	OCALA, FL 34480 US	

ADDITIONS/CHANGES:

Title:	MGR	(X) Change ( ) Addition
Name:	HADER, JOHN	
Address:	5800 SE 39TH AVE	
City-St-Zip:	OCALA, FL 34480 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 HADER MGR 01/09/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date