

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90252 038 ****50.00

DOCUMENT # L05000123004

1. Entity Name

JPMC LLC



Principal Place of Business

Mailing Address

1433 NORTH ATLANTIC AVENUE
UNIT 125
DAYTONA BEACH FL 32118
US

1433 NORTH ATLANTIC AVENUE
UNIT 125
DAYTONA BEACH FL 32118
US



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

1433 N. ATLANTIC AVE
Suite, Apt. #, etc.
UNIT 124

3. Mailing Address

1433 N. ATLANTIC AVE
Suite, Apt. #, etc.
UNIT 124

1st MOORE

CR2E083 (10/06)

City & State

DAYTONA BEACH FL

City & State

DAYTONA BEACH FL

4. FEI Number

20-4641975

Applied For

Not Applicable

Zip

32118

Country

US

Zip

32118

Country

US

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCMAHON, JAMES P
1433 NORTH ATLANTIC AVENUE
UNIT 125
DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent

Name

SAME

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

Unit 124

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME MCMAHON, JAMES P
STREET ADDRESS 1433 NORTH ATLANTIC AVENUE
CITY-ST-ZIP UNIT 125 FL 32118

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 UNIT 124

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

4-3-07

Date

Daytime Phone #