

**LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

DOCUMENT # L06000000707

1. Entity Name

Jakiya Investments, ~~LLC~~ LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

731 Sheline Dr.

Suite, Apt. #, etc.

3. Mailing Address

731 Sheline Dr.

Suite, Apt. #, etc.

City & State

Havana, FL

City & State

Havana, FL

Zip

32333

Country

Gadsden

Zip

32333

Country

Gadsden

4. FEI Number

83-0443714

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

CR2E083B (8/05)

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Stanley B. Dupont

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

731 Sheline Dr.

City

Havana

FL

Zip Code

32383

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.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGR</u> <u>Stanley B. Dupont</u> <u>731 Sheline Dr.</u> <u>Havana, FL 32333</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>BK</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGR</u> <u>Kenya Glenn-Jenkins</u> <u>5081 Paloverde Place</u> <u>Haverhill, FL 33415</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>300101970253</u> <u>05/09/07--01044--014 **50.00</u>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Stanley B. Dupont

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

Date

Daytime Phone #

5-2-07 413-24104