

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

04-21-2008 90314 031 ***138.75

DOCUMENT # L06000002228 1. Entity Name JABRAD ENTERPRISES, LLC					
Principal Place of Business 800 N STATE ST BUNNELL, FL 32110 US			Mailing Address P.O. BOX 354768 PALM COAST, FL 32135-4768		
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	4. FFI Number 20-4068587 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				04072008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent GORNTO, L A JR. 149 S. RIDGEWOOD AVENUE SUITE 550 DAYTONA BEACH, FL 32114			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 (NOTE: Registered Agent signature required when reappointing) DATE 4-7-08					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROSS, DENNIS C P.O. BOX 354768 PALM COAST, FL 321354768 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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:			Date 4-7-08 Daytime Phone # 386 437 7007		