

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000004787

1. Entity Name
JKS INVESTMENTS, LLC



Principal Place of Business

132 W. PLANT ST.
STE 200
WINTER GARDEN, FL 34787 US

Mailing Address

PO BOX 770609
WINTER GARDEN, FL 34777 US



03202008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-4073624

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JUNE, ROHLAND A II
132 W. PLANT ST. STE 200
WINTER GARDEN, FL 34787

**DO NOT WRITE
IN THIS SPACE**

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 \$138.75
After May 1, 2008 Fee will be \$538.75

U000000875547
04/11/08-80037-011 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME JUNE, ROHLAND A II
STREET ADDRESS PO BOX 770607
CITY-ST-ZIP WINTER GARDEN, FL 34777

TITLE MGRM
NAME KAMINSKI, CHRISTOPHER L
STREET ADDRESS PO BOX 770607
CITY-ST-ZIP WINTER GARDEN, FL 34777

TITLE MGRM
NAME SEDLOFF, JEFFREY A
STREET ADDRESS PO BOX 770607
CITY-ST-ZIP WINTER GARDEN, FL 34777

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

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

Date

Daytime Phone #

Rohland A. June

3/28/08

407-905-8180