

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000021071

Entity Name: VIDEO SPECIALTIES JAX, LLC

FILED
Jan 05, 2009
Secretary of State

Current Principal Place of Business:

5539 LONDON LAKE DRIVE
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

5539 LONDON LAKE DRIVE
JACKSONVILLE, FL 32258

New Mailing Address:

FEI Number: 20-4326783

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWELL, SHARON
5539 LONDON LAKE DRIVE
JACKSONVILLE, FL 32258 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: BP () Delete
Name: STOKES, DONNA H
Address: 2521 N. WATERLEAF DR
City-St-Zip: SAINT AUGUSTINE, FL 32086

ADDITIONS/CHANGES:

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: SHARON HOWELL

PRES

01/05/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date