

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000021071

FILED  
Feb 18, 2011  
Secretary of State

**Entity Name:** VIDEO SPECIALTIES JAX, LLC

**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  
Name: STOKES, DONNA H  
Address: 2521 N. WATERLEAF DR  
City-St-Zip: SAINT AUGUSTINE, FL 32086

I hereby 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

02/18/2011

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