

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000022858 1. Entity Name JAK ENTERPRISES, LLC	
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Principal Place of Business 6116 CHENE CT LUTZ, FL 33558 US	Mailing Address 6116 CHENE CT LUTZ, FL 33558 US
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03062008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4471134	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KRISTOWSKI, ALAN A 6116 CHENE CT LUTZ, FL 33558	DO NOT WRITE IN THIS SPACE
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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 reinstating) DATE: _____
Signature typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRISTOWSKI, ALAN A 6116 CHENE CT LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRISTOWSKI, JOSHUA A 18617 LEDAUPHINE PL LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRISTOWSKI, JASON A 18140 NASSAU POINTE DR TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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: *Alan A. Kristowski* MGRM 3-20-08 813-505-0641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #