

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L06000023022 1. Entity Name JACKIELEN, LLC	
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Principal Place of Business 11444 NIGHT HERON DRIVE NAPLES, FL 34119	Mailing Address 11444 NIGHT HERON DRIVE NAPLES, FL 34119
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DO NOT WRITE IN THIS SPACE



01172008 No Chg-LLC CR2E083 (12/07)

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

6. Name and Address of Current Registered Agent AUSTIN, ARLENE F 5811 PELICAN BAY BLVD., SUITE 201 NAPLES, FL 34108
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**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

000000878214
04/11/08-80065-009 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSE, LEONARD A 11444 NIGHT HERON DRIVE NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSE, JACQUELINE 11444 NIGHT HERON DRIVE NAPLES, FL 34119
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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: Jacqueline Rose Jacqueline Rose 3/26/08 239-597-2462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #