


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # L06000023322 1. Entity Name JL LEAVITT & CO., LLC	
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Principal Place of Business 610 CHAPEL LN. PORT ST. JOE, FL 32456	Mailing Address 610 CHAPEL LN. PORT ST. JOE, FL 32456
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DO NOT WRITE IN THIS SPACE



03312008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4447904	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEAVITT, JEFFREY L
610 CHAPEL LN.
PORT ST. JOE, FL 32456

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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


U00000304858
05/01/08-80029-023 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEAVITT, JEFFREY L 610 CHAPEL LN. PORT ST. JOE, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEAVITT, LYNN D 610 CHAPEL LN. PORT ST. JOE, FL 32456
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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:  **X** 4/14/2008 **X** 850/229-0890

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