

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000039638

**FILED**  
**Mar 22, 2009**  
**Secretary of State**

**Entity Name:** JANIC ENTERPRISES LLC

**Current Principal Place of Business:**

113 PONTOTOC PLAZA  
AUBURNDALE, FL 338233439 US

**New Principal Place of Business:**

29400 HWY 27  
LAKE HAMILTON, FL 33851 US

**Current Mailing Address:**

113 PONTOTOC PLAZA  
AUBURNDALE, FL 338233439 US

**New Mailing Address:**

1 RANDA STREET  
HAINES CITY, FL 33844 US

FEI Number: 11-3780246

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROBBINS, CHRISTOPHER H  
1 RANDA STREET  
RANDA RIDGE  
HAINES CITY, FL 33844 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: MGR ( ) Delete  
Name: ROBBINS, CHRISTOPHER H  
Address: 1 RANDA STREET  
City-St-Zip: HAINES CITY, FL 33844 US

Title: MGRM ( ) Delete  
Name: ROBBINS, LINDA M  
Address: 1 RANDA STREET  
City-St-Zip: HAINES CITY, FL 33844 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CHRIS ROBBINS

MR

03/22/2009

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