

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90374 018 ***150.00

DOCUMENT # L06000042583

1. Entity Name
JAIMESEN STUART, LLC



Principal Place of Business
**633 PEPPERGRASS RUN
ROYAL PALM BEACH, FL 33411**

Mailing Address
**633 PEPPERGRASS RUN
ROYAL PALM BEACH, FL 33411**

00049183



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05022007 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-4823601

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STUART, JAIMESEN C
633 PEPPERGRASS RUN
ROYAL PALM BEACH, FL 33411**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
STUART, JAIMESEN C
633 PEPPERGRASS RUN
ROYAL PALM BEACH, FL 33411** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Jaimesen Stuart

4/30/07

954-461-4954



ATTACHMENT

60049183

#L060000 42583

May 2, 2007

Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

To Whom It May Concern:

After numerous attempts to file my annual report online, I decided to mail it in. I tried for days to file this report online; however, the system kept timing out and or the site was down. Attached please find my payment and annual report form. If there are any questions, please do not hesitate to call me at the number above.

Sincerely,

A handwritten signature in black ink that reads 'Jaimesen Stuart'. The signature is written in a cursive, flowing style.

Jaimesen Stuart
Manager