

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000043430

1. Entity Name
JEMAR HOLDINGS, LLC



Principal Place of Business
**3252 LINDA DRIVE
MEMPHIS, TN 38118**

Mailing Address
**P.O. BOX 18697
MEMPHIS, TN 38181**



01042008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3175080

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ZELLNER, MARK J
4636 SOUTHWINDS DRIVE
DESTIN, FL 32550**

**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

[Signature]
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

January 4, 2008

DATE

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

U00000775733
01/08/08-80041-009 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ZELLNER, MARK J
2564 HEATHERBROOK LANE
GERMANTOWN, TN 38138**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ZELLNER, KATHY Y
2564 HEATHERBROOK LANE
GERMANTOWN, TN 38138**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ZELLNER, JESSE M
2564 HEATHERBROOK LANE
GERMANTOWN, TN 38138**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

901-553-1050

January 4, 2008

Date

Daytime Phone #