## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT #L06000052922



## **FILED** Jan 08, 2007 8:00 am Secretary of State

1. Entity Name JASA HOLDINGS, LLC								01-08-200	07 90206 0	18 ****5	0.00
Principal Place of Business 8111 CHAMPIONSHIP COURT LAKEWOOD RANCH, FL 34202-2587			Mailing Address 8111 CHAMPIONSHIP COURT LAKEWOOD RANCH, FL 34202-2587								
2. Principal Pt	ace of Busin	ness - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01032007	Chg-LLC	CR2E0	83 (12/06)	
City & State			City & State				4. FEI Numb	- -52560	13		plied For t Applicable
Zip		Country	Zip Country				5. Certificate of Status Desired 55.00 Additional Fee Required				
6. Name and Address of Current Registered Agent							7. Name and	Address of Nev	Registered A	Agent	
LARL COM A	MOLIAE!				Name						
WILSON, N 200 SOUTH SARASOTA	H ORANG	GÉ AVE.			Street Address (P.O. Box Number is Not Acceptable)						
07110100 171. T E 04200					City	FL Zip Code					e
The above named entity submits this statement for the purpose of changing its registere						ronistore	eriament or ho	with in the State of		familiar with	and accept
		stered agent,	the purpose of changing to	registeri	sa director i	registere	a agera, or be	an, ar are state or	r kanada. Tam	ianina wiai,	and decept
SIGNATURE _	Signature, typed	d or printed name of registered agent a	nd title if applicable. (NOT	E: Flegistere	d Agent signatur	re required	when reinstating)		DATE		
							Make check payable to Florida Department of State				
		is \$50.00 y 1, 2007									B
			R\$/MANAGERS	10.				Flor		ent of State	B
9.		y 1, 2007	RS/MANAGERS Delete	BIL		MG	RM 0 (	ADDITION	ida Departm	ent of State	B Addition
9. TITLE NAME		y 1, 2007		THE NAME	E	TAN	noc P. F.	ADDITION ADDITION	ida Departm	ent of State	
9.		y 1, 2007		RELI NAM STRE		TAN	noc P. F.	ADDITION ADDITION	ida Departm	ent of State	
9. TITLE NAME STREET ADDRESS		y 1, 2007		RELI NAM STRE	E ET ADDRESS - ST-21P	JAN 8111 Lak M.G.	nes K.F. Champ Lewood RM	ADDITION  HERIDES  HOME HIP ( RANCH, F	ida Departm	ent of State	
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11. I hereby certify that the information supplied with this fitting 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 logal 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: