

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90086 001 ***138.75

DOCUMENT # L06000056635

1. Entity Name
JADESTONE PROPERTY MANAGEMENT, LLC



Principal Place of Business
**163 HICKORY RD
OCALA, FL 34472-4189**

Mailing Address
**163 HICKORY RD
OCALA, FL 34472-4189**

60017550

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

3. Mailing Address

Jadestone Property Mg

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 830845

03172008

Chg-LLC

CR2E083 (12/06)

City & State

City & State

Ocala, FL

4. FEI Number

20-4978573

Applied For

Not Applicable

Zip

Country

Zip

Country

34483

USA

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

**GORDON, YVONNE E
163 HICKORY RD
OCALA, FL 34472-4189**

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

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

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GORDON, DELROY B
163 HICKORY RD
OCALA, FL 344724189** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Gordon, Delroy B
P.O. Box 830845
Ocala, FL 34483** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GORDON, YVONNE E
163 HICKORY RD
OCALA, FL 344724189** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Gordon, Yvonne E
P.O. Box 830845
Ocala, FL 34483** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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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:

Y. E. Gordon YVONNE GORDON 3/28/8 (352) 804-3714

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

Use

Daytime Phone #