

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90039 044 ****50.00

DOCUMENT # L06000059689

1. Entity Name
J.L. CONANT & SON LLC



Principal Place of Business
**7109 ELIZABETH AVE
HUDSON, FL 34667**

Mailing Address
**7109 ELIZABETH AVE
HUDSON, FL 34667**

00052507



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

15011 Peace Blvd
Suite, Apt. #, etc.

3. Mailing Address

15011 Peace Blvd
Suite, Apt. #, etc.

07032007 Chg-LLC CR2E083 (12/06)

City & State

Spring Hill FL
Zip

34610

Country
USA

City & State

Spring Hill FL
Zip

34610

Country
USA

4. FEI Number

20-4463001

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CONANT, JODY L
7109 ELIZABETH AVE
HUDSON, FL 34667**

7. Name and Address of New Registered Agent

Name
Conant, Jody L

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

15011 Peace Blvd

City
Spring Hill

FL

Zip Code

34610

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

TITLE
MGR
NAME
CONANT, JODY L
STREET ADDRESS
7109 ELIZABETH AVE
CITY-ST-ZIP
HUDSON, FL 34667

☐ Delete

10. ADDITIONS/CHANGES

TITLE
MGR
NAME
Conant, Jody L
STREET ADDRESS
15011 Peace Blvd
CITY-ST-ZIP
Spring Hill FL 34610

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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☐ 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

7/10/07

Date

727-860-5600

Daytime Phone #

Jody Conant - President