

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000070617

Entity Name: JAKE STOWERS, LLC

FILED  
Jun 25, 2009  
Secretary of State

**Current Principal Place of Business:**

4232 HARBOR CIRCLE SOUTH  
LARGO, FL 33770

**New Principal Place of Business:**

4232 HARBOR CIRCLE SOUTH  
LARGO, FL 33770 US

**Current Mailing Address:**

4232 HARBOR CIRCLE SOUTH  
LARGO, FL 33770

**New Mailing Address:**

4232 HARBOR CIRCLE SOUTH  
LARGO, FL 33770 US

FEI Number: 20-5314684      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

STOWERS, JACOB F III  
4232 HARBOR CIRCLE SOUTH  
LARGO, FL 33770 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: STOWERS, JACOB F III  
Address: 4232 HARBOR CIRCLE SOUTH  
City-St-Zip: LARGO, FL 33770

**ADDITIONS/CHANGES:**

Title: P (X) Change ( ) Addition  
Name: STOWERS, JACOB F III  
Address: 4232 HARBOR CIRCLE SOUTH  
City-St-Zip: LARGO, FL 33770 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JACOB F. STOWERS III

P

06/25/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date