

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 04, 2008 08:00 A
Secretary of State

DOCUMENT # L06000071704

1. Entity Name
JACMAC,LLC



Principal Place of Business
**13829 GOOD LIFE ROAD
TAMPA, FL 33618**

Mailing Address
**13829 GOOD LIFE ROAD
TAMPA, FL 33618**



01232008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1808159

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CROMER, MICHAEL A
13829 GOOD LIFE ROAD
TAMPA, FL 33618**

**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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

000000847284

03/19/08-80014-012 138.75

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MICCAR, LLC
13829 GOOD LIFE ROAD
TAMPA, FL 33618**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CROMER, JOHN A
29406 ZELLER AVENUE
SAN ANTONIO, FL 33576**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CROMER, MARK A
21122 ENCINO STREET
SAN ANTONIO, TX 78259**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/31/08

Date

813-598-7768

Daytime Phone #