2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State
04-02-2007 90436 009 ****50.00

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1. Entity Name
JASKO SALES, LLC

Principal Place of Business	Mailing Address
3089 N.W. 27TH TERRACE BOCA RATON, FL 33434	3089 N.W. 27TH TERRACE BOCA RATON, FL 33434

02032007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4341 OKEECHOBEE BLVD	
Suite, Apt. #, etc.: Unit G-1	Suite, Apt. #, etc.
City & State: WEST PALM BEACH, FL	City & State
Zip: 33409 Country: USA	Zip Country

4. FEI Number: 20-5273189 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, ROBERT F CPA
2918 BUSCH LAKE BLVD.
TAMPA, FL 33614

7. Name and Address of New Registered Agent

Name: DALE JASKO
Street Address (P.O. Box Number is Not Acceptable): 3089 N.W. 27TH TERRACE
City: BOCA RATON FL Zip Code: 33434

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] DALE JASKO 3/28/07
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 May 1, 2007

Make check payable to: Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DALE JASKO 3089 N.W. 27TH TERRACE BOCA RATON, FL 33434	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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] DALE JASKO 3/28/07 561 687-8865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #