

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000076695

1. Entity Name  
JENNING'S PROPERTY SERVICES "LLC"



FILED

07 AUG 10 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5186 CHARLES SAMUEL DR  
TALLAHASSEE, FL 32309

Mailing Address  
5186 CHARLES SAMUEL DR  
TALLAHASSEE, FL 32309

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

916 SAN LUIS RT

3. Mailing Address

P.O. Box 38388

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08102007

Chg-LLC

CR2E083 (12/06)

City & State

Tallahassee FL

City & State

Tallahassee FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

32304

Country

USA

Zip

32388

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JENNINGS, TIMOTHY J  
5186 CHARLES SAMUEL DR  
TALLAHASSEE, FL 32309

7. Name and Address of New Registered Agent

Name

Timothy Jennings

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

916 SAN LUIS RT

City

Tallahassee

FL

Zip Code

32304

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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

*[Handwritten Signature]*