

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # L06000077579

1. Entity Name
JASMINE PLAZA & SHOPPES, LLC



Principal Place of Business

**2605 SW 33RD ST
200
OCALA, FL 34474**

Mailing Address

**P.O. BPX 2495
OCALA, FL 34474**



01032008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5328456

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**KIRKPATRICK, KENNETH
2605 SW 33RD ST #200
OCALA, FL 34474**

**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)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	D
NAME	PERRON, LINDA
STREET ADDRESS	5655 SW EVANS DR
CITY- ST- ZIP	STUART, FL 34997
TITLE	D
NAME	FARINA, AL
STREET ADDRESS	3551 SE SEAPOINT CT
CITY- ST- ZIP	STUART, FL 34997
TITLE	D
NAME	TONA, FRANK JR
STREET ADDRESS	6240 SW SR 200
CITY- ST- ZIP	OCALA, FL 34477
TITLE	D
NAME	FARINA, MICHAEL R
STREET ADDRESS	50 BEACH RD
CITY- ST- ZIP	JUPITER, FL 33469
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

Al Farina

2/8/08

Date

352/482-0777

Daytime Phone #