

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90185 027 ****50.00

DOCUMENT # L06000078678

1. Entity Name
JAM HOUSE WORKS, LLC



60030024

Principal Place of Business
**13819 SW 143 STREET
ARCHER, FL 32618**

Mailing Address
**13819 SW 143 STREET
ARCHER, FL 32618**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192007 Chg-LLC CR2E083 (12/06)

4. FEI Number
87-0779998

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOUSE, MICHELLE A
13819 SW 143 STREET
ARCHER, FL 32618**

Name **HOUSE, JOHN G**
Street Address (P.O. Box Number is Not Acceptable)
13819 SW 143 STREET

City **ARCHER** FL Zip Code **32618**

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 Michelle House, MICHELLE HOUSE, OWNER 1/19/2007
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 **MGR** ☐ Delete
NAME **HOUSE, MICHELLE A**
STREET ADDRESS **13819 SW 143 STREET**
CITY-ST-ZIP **ARCHER, FL 32618**

TITLE **MGR** ☐ Change ☒ Addition
NAME **HOUSE, JOHN G.**
STREET ADDRESS **13819 SW 143 STREET**
CITY-ST-ZIP **ARCHER, FL 32618**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 606, Florida Statutes.

SIGNATURE: Michelle House, MICHELLE HOUSE, OWNER 1/19/07 352/495-7845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #