

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90055 050 ****50.00

DOCUMENT # L06000100408

1. Entity Name
JPA MANAGEMENT, LLC



Principal Place of Business Mailing Address
8257 NW 266TH STREET 8257 NW 266TH STREET
HIGH SPRINGS, FL 32643 US HIGH SPRINGS, FL 32643 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
18245 LIS HWY 441 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
High Springs, FL High Springs, FL
Zip Country Zip Country
32643 USA

02102007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
20-572886 Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

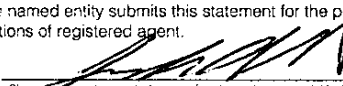
6. Name and Address of Current Registered Agent

AGLIATA, JACKIE P
8257 NW 266TH STREET
HIGH SPRINGS, FL 32643

7. Name and Address of New Registered Agent

Name SAME
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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  DATE 2-8-07

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

1. NAME 2. STREET ADDRESS 3. CITY-ST-ZIP	MGRM AGLIATA, JACKIE P 8257 NW 266TH STREET HIGH SPRINGS, FL 32643	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
1. NAME 2. STREET ADDRESS 3. CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-8-07 386 383 2309
Date Daytime Phone #