

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111339

FILED  
May 23, 2007  
Secretary of State

Entity Name: JASMIN & ASSOCIATES, LLC

**Current Principal Place of Business:**

3420-B RECKER HIGHWAY  
SUITE #2  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

3420 RECKER HIGHWAY  
#2  
WINTER HAVEN, FL 33880

**Current Mailing Address:**

3420-B RECKER HIGHWAY  
SUITE #2  
WINTER HAVEN, FL 33880

**New Mailing Address:**

P. O. BOX 4351  
WINTER HAVEN, FL 33885

FEI Number: 71-1020404      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

RIDORE, GUERLINE  
3420-B RECKER HIGHWAY  
SUITE #2  
WINTER HAVEN, FL 33880 US

**Name and Address of New Registered Agent:**

RIDORE, GUERLINE  
3420 RECKER HIGHWAY  
#2  
WINTER HAVEN, FL 33880 US

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.

SIGNATURE: GUERLINE RIDORE

05/23/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: RIDORE, GUERLINE  
Address: P. O. BOX 4351  
City-St-Zip: WINTER HAVEN, FL 33885

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GUERLINE RIDORE

MGR

05/23/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date