

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111727

Entity Name: JEFFERS, LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

5418 CATTS STREET
NAPLES, FL 34113

New Principal Place of Business:

Current Mailing Address:

5418 CATTS STREET
NAPLES, FL 34113

New Mailing Address:

FEI Number: 20-8178283

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEFFERS, MICHAEL
5418 CATTS STREET
NAPLES, FL 34113 US

Name and Address of New Registered Agent:

REINKING-JEFFERS, MARCI L
5418 CATTS STREET
NAPLES, FL 34113 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: MARCI L. REINKING-JEFFERS

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JEFFERS, MICHAEL
Address: 5418 CATTS STREET
City-St-Zip: NAPLES, FL 34113

Title: MGR () Delete
Name: KNOTTS, KAREN
Address: 734 WEST 600 SOUTH
City-St-Zip: ATLANTA, IN 46031

Title: MGR () Delete
Name: JEFFERS, PATRICK
Address: 2200 WALNUT STREET
City-St-Zip: ANDERSON, IN 46016

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: REINKING-JEFFERS, MARCI L
Address: 5418 CATTS STREET
City-St-Zip: NAPLES, FL 34113

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARCI L. REINKING-JEFFERS

MGR

04/30/2009

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