

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000114598

Entity Name: JERTE LLC

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

11721 WEST ATLANTIC BLVD., SUITE 734
CORAL SPRINGS, FL 33071

New Principal Place of Business:

717 SHOTGUN RD
SUNRISE, FL 33326

Current Mailing Address:

11721 WEST ATLANTIC BLVD., SUITE 734
CORAL SPRINGS, FL 33071

New Mailing Address:

717 SHOTGUN RD
SUNRISE, FL 33326

FEI Number: 20-5972512

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLAVEL, OSCAR
11721 WEST ATLANTIC BLVD., SUITE 734
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GARCIA, MARIA M
Address: 500 NW 101 AVENUE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGRM () Delete
Name: CLAVEL, OSCAR
Address: 11721 WEST ATLANTIC BLVD., SUITE 734
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGRM () Delete
Name: CLAVEL, FRANCISCO
Address: 500 NW 101 AVENUE
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES:

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

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: OSCAR CLAVEL

MGRM

04/14/2009

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