


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 08, 2008 8:00 am
Secretary of State

08-08-2008 90034 015 ***138.75

| | | | |
|---|---------|---|---------|
| DOCUMENT # L07000005934 | |  | |
| 1. Entity Name MICHAEL C. JONES LLC | | | |
| Principal Place of Business 21612 CENTENNIAL ST ST CLAIR SHORES, MI 48081 | | Mailing Address 21612 CENTENNIAL ST ST CLAIR SHORES, MI 48081 | |
| 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 |

50009232



07302008 Chg-LLC CR2E083 (12/06)

4. FEI Number **80 0207802** Applied For
Not Applicable

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

| | | | |
|--|--|--|--|
| 8. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| JONES, MAX C JR 139 BRISTOL LN NAPLES, FL 34112 | | Name | |
| | | 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| | | |
|--|--|--|
| FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | Make check payable to Florida Department of State |
|--|--|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM JONES, MICHAEL C 21612 CENTENNIAL ST ST CLAIR SHORES, MI 48081 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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

Michael C Jones

7/30/2008