2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 02, 2009
Secretary of State

DOCUMENT# L07000005934

Entity Name: MICHAEL C. JONES LLC

Current Principal Place of Business:

21612 CENTENNIAL ST
ST CLAIR SHORES, MI 48081

New Principal Place of Business:

3265 60TH ST. S.W.
NAPLES, FL 34116

Current Mailing Address:

21612 CENTENNIAL ST
ST CLAIR SHORES, MI 48081

New Mailing Address:

PO BOX 7975
NAPLES, FL 34101

FEI Number: 80-0207802 **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:

JONES, MAX C JR
139 BRISTOL LN
NAPLES, FL 34112 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: MGRM ( ) Delete
Name: JONES, MICHAEL C
Address: 21612 CENTENNIAL ST
City-St-Zip: ST CLAIR SHORES, MI 48081

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: JONES, MICHAEL C
Address: PO BOX 7975
City-St-Zip: NAPLES, FL 34101

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: MICHAEL C. JONES MGRM 09/02/2009

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