

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

08-08-2008 90034 031 ***538.75

DOCUMENT # L07000006803

1. Entity Name
JACOR CONSTRUCTION SERVICES LLC



Principal Place of Business
**2489 TREMONT DRIVE
EUSTIS, FL 32726 US**

Mailing Address
**2489 TREMONT DRIVE
EUSTIS, FL 32726 US**

00009216



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08052008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

30-8256778

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JEZAK, AMY L
2489 TREMONT DRIVE
EUSTIS, FL 32726**

7. Name and Address of New Registered Agent

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 \$538.75
Due by September 12, 2008**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: **MGRM** ☐ Delete
NAME: **JEZAK, AMY L**
STREET ADDRESS: **2789 TREMONT DRIVE**
CITY-ST-ZIP: **EUSTIS, FL 32726**

TITLE: **mgrm** ☒ Change ☐ Addition
NAME: **JEZAK, AMY L.**
STREET ADDRESS: **2489 TREMONT DR.**
CITY-ST-ZIP: **EUSTIS, FL 32726**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
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CITY-ST-ZIP:

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8-5-08

Date

Daytime Phone #