

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000010802

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** ADMINISTRATIVE ASSISTANTS OF JACKSONVILLE, LLC

**Current Principal Place of Business:**

4127 SAN BERNADO DR  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

4127 SAN BERNADO DR  
JACKSONVILLE, FL 32217

**New Mailing Address:**

**FEI Number:** 20-8346502

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARNOLD & NEW LLC  
6279 DUPONT STATION COURT  
JACKSONVILLE, FL 32204 US

**Name and Address of New Registered Agent:**

THE ARNOLD LAW FIRM, LLC  
6279 DUPONT STATION COURT  
JACKSONVILLE, FL 32204 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:** SHAWN ARNOLD

04/25/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** ARNOLD, JEFFREY B  
**Address:** 4127 SAN BERNADO DR  
**City-St-Zip:** JACKSONVILLE, FL 32217

**Title:** MGRM  
**Name:** ARNOLD, SHARON  
**Address:** 4127 SAN BERNADO DR  
**City-St-Zip:** JACKSONVILLE, FL 32217

I hereby 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:** JEFFREY ARNOLD

MGR

04/25/2011

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