

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000013502

FILED
Jul 03, 2009
Secretary of State

Entity Name: JAMFAB JIGS AND CUSTOM LURES LLC

Current Principal Place of Business:

4483 HANCOCK CT
CHIPLEY, FL 32428

New Principal Place of Business:

Current Mailing Address:

4483 HANCOCK CT
CHIPLEY, FL 32428

New Mailing Address:

FEI Number: 56-2311017 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

TEACHOUT, JERALD E
4483 HANCOCK CT
CHIPLEY, FL 32428 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: TEACHOUT, JERALD
Address: 4483 HANCOCK CT
City-St-Zip: CHIPLEY, FL 32428

Title: MGRM () Delete
Name: PEARCE, ROBERT
Address: 1139 WICKER ST
City-St-Zip: WOODSTOCK, IL 60098

Title: MGRM () Delete
Name: TEACHOUT, ROBIN L
Address: 4483 HANCOCK CT
City-St-Zip: CHIPLEY, FL 32428

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: JERALD TEACHOUT

MGR

07/03/2009

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