2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Jun 25, 2008 8:00 am
Secretary of State

03-28-2008 90169 037 ***138.75

DOCUMENT # L07000015754

1. Entity Name

JKD LIMITED, LLC

Principal Place of Business	Mailing Address
228 E. LAKESHORE DRIVE CLERMONT FL 34711 US	228 E. LAKESHORE DRIVE CLERMONT FL 34711 US

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box # 228 E Lakeshore Dr	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Clermont	City & State FL
Zip 34711 Country USA	Zip Country

4. FEI Number Applied For ☑ Not Applicable

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

6. Name and Address of Current Registered Agent

DEWITT, THOMAS A
228 E. LAKESHORE DRIVE
CLERMONT FL 34711

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 Thomas A DeWitt 4/29/08

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Thomas A DeWitt 228 E lAkeshore Dr Clermont FlA 34711 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Judi DeWitt 228 E lAkeshore Dr Clermont FlA 34711 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Judi DeWitt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Thomas A DeWitt