2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# L07000025202

Entity Name: JCAMES, LLC

Current Principal Place of Business:

1639 WALTON RD
DEFUNIAK SPRINGS, FL 32433

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 950
DEFUNIAK SPRINGS, FL 32435

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHIPMAN, GARY A ESQ
1414 CO. HWY 283 SOUTH, STE B
SANTA ROSA BEACH, FL 32459 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: EARLEY, JOAN C
Address: POST OFFICE BOX 950
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: MGRM ( ) Delete
Name: STANLEY, ANNISSA M
Address: 88 OFFICERS LANE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: STANLEY, ANNISSA M
Address: 21 SIDNEY AVENUE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

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: JOAN C. EARLEY MGR 04/07/2009

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