

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/29/2008-90029-030-\$138.75-\$138.75

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN -2 PM 12:21

DOCUMENT # L07000027770					
1. Entity Name JENKINS DELIVERY SERVICES LLC					
Principal Place of Business 116 BROAD STREET PORT ST. JOE, FL 32456			Mailing Address 116 BROAD STREET PORT ST. JOE, FL 32456		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-8648617	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JENKINS, ISIAH E 116 BROAD STREET PORT ST. JOE, FL 32456			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: _____ (NOTE: Registered Agent signature required when re-registering) 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	MGR JENKINS, ISIAH E 116 BROAD STREET PORT ST. JOE, FL 32456 ☐ 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 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: <u>Isiah Jenkins</u> 4-23-08			Date _____ Daytime Phone # _____		

B. Tadlock JUN 12 2008