## 2009 LIMITED LIABILITY COMPANY

## FILED Mar 26, 2008 8:00 am of State

ANNUAL REPORT	Secretary	
OCHMENT #1.0700029115	ALL STATE OF THE PARTY OF THE P	03 26 2008 90116

1. Entity Nam	OCUMENT # L07000029115  Entity Name JMRC LLC					03-26-200	8 90116	037 ***1	43.75	
Principal Place of Business Mailing Address  109 LANSING ISLAND DRIVE 109 LANSING ISLAND DRIVE INDIAN HARBOUR BEACH, FL 32937 US INDIAN HARBOUR BEACH, FL 3			32937 US		7.000 18 1410 1411 1411 141		IFN MTTOL MEDIA STM	111      <del>       </del>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03232008	Chg-LLC	CR2E0	83 (12/06)		
City & State			City & State			4. FEI Num	-°06841	50		plied For t Applicable
Zip	Country		Zip	Cour	ntry	5. Certificat	e of Status Desired		\$5.00 Add Fee Required	
Name and Address of Current Registered Agent					Name	7. Name an	d Address of New F	legistered A	gent	
CIACCIA, LAWRENCE J JR. 109 LANSING ISLAND DRIVE INDIAN HARBOUR BEACH, FL. 32937				Street Address (P.O. Box Number is Not Acceptable)						
INDIAN TIANDOUN BEACH, TE 32337					City			FL	Zip Code	<b>b</b>
			the purpose of changing its	register	ed office or registe	red agent, or b	oth, in the State of FI		amiliar with,	and accept
_	ions of registered agent				•					1
SIGNATURE .	Signature, typed or printed name	of registered agent ar	nd title if applicable. (NOT	E: Registere	od Agent eignature require	d when reinstating)	Principal Conference C	DATE	ana Company	ESTIMATES
FILE After May	NOW!!! FEE IS \$ 7 1, 2008 Fee will	138.75 be \$538.75						te check pa a Departme		
9.	MAN/ MGR	AGING MEMBER	RS/MANAGERS  Delete	10.			ADDITIONS	/CHANGES	☐ Change	☐ Addition
NAME STREET ADDRESS	CIACCIA, LAWREN		_ Ocide	NAM					C. C. may	
CITY-ST-ZIP				f-ST-ZIP					·	
TITLE NAME	MGRM CIACCIA, MARCIA	R	☐ Delete	TITL	l.				Change	Addition
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TITLE				πı					Change	Addition
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CITY-ST-ZIP					r-st-zip					
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name Street address				NAN Str	NE EET ADORESS					
CITY-ST-ZIP			al all	cm	f-ST-ZIF					
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.  **Description**  **Lowcence** 3. Close Cua.**										
CIONA		/1	Ven :	rai	ncence?	4, c (oc	312017	'A 5'	21 QI-	7-4010
SIGNATURE 3 24 08 32 11 - 40 0 0 SIGNATURE AND TYPED OR PRINTED HOME OF SIGNAND MANAGER, OR AUTHORIZED REPRESENTATIVE 3 24 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0										