


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90269 031 ***138.75

DOCUMENT # L07000030364					
1. Entity Name JANLER L.L.C.					
Principal Place of Business 10100 HILLVIEW DR #338 PENSACOLA, FL 32514			Mailing Address 10100 HILLVIEW DR #338 PENSACOLA, FL 32514		
2. Principal Place of Business - No P.O. Box # 5970 LIMESTONE RD		3. Mailing Address 5970 LIMESTONE RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PENSACOLA, FL		City & State PENSACOLA, FL		4. FEI Number	
Zip 32504	Country USA	Zip 32504	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CUTLER, ANNE F 10100 HILLVIEW DR #338 PENSACOLA, FL 32514			7. Name and Address of New Registered Agent Name CUTLER, ANNE F Street Address (P.O. Box Number is Not Acceptable) 5970 LIMESTONE RD City PENSACOLA FL Zip Code 32504		
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 <u><i>Anne F. Cutler</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>3/29/08</u>					
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 CUTLER, ANNE F 10100 HILLVIEW DR #338 PENSACOLA, FL 32514	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5970 LIMESTONE RD PENSACOLA, FL 32504	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUTLER, JOHN C 10100 HILLVIEW DR #338 PENSACOLA, FL 32514	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5970 LIMESTONE RD PENSACOLA, FL 32504	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

00018394



03252008 Chg-LLC CR2E083 (12/06)

Applied For
☒ Not Applicable

3/29/08

3/29/08 (850-494-7965)