

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000031343

Entity Name: JUNNECO123, LLC.

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

1832 W. WINDY WAY
JACKSONVILLE, FL 32259 US

New Principal Place of Business:

71 WEST WATERSIDE PARKWAY
PALM COAST, FL 32137 US

Current Mailing Address:

1832 W. WINDY WAY
JACKSONVILLE, FL 32259 US

New Mailing Address:

71 WEST WATERSIDE PARKWAY
PALM COAST, FL 32137 US

FEI Number: 20-8694218

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERRITT, JUNE
525 N. 3RD STREET
SUITE 201
JACKSONVILLE, FL 32250 US

Name and Address of New Registered Agent:

MERRITT, JUNE
71 WEST WATERSIDE PARKWAY
PALM COAST, FL 32137 US

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: JUNE MERRITT

01/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MERRITT, JUNE
Address: 1832 W. WINDY WAY
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: MGRM (X) Delete
Name: VOORHEES, KRISTIE C
Address: 8511 MOSS POINT TRAILS
City-St-Zip: JACKSONVILLE, FL 32244 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VOORHEES, KRISTIE C
Address: 8511 MOSS POINT TRAILS
City-St-Zip: JACKSONVILLE, FL 32244 US

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

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: JUNE MERRITT

PRES

01/14/2009

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