

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000032263

Entity Name: JFN LLC

**FILED**  
**Mar 04, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1764 N CROOKED BRANCH DR  
LECANTO, FL 34461 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 640952  
BEVERLY HILLS, FL 34464 US

**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:**

NELSON, JAMES F SR  
1764 N CROOKED BRANCH DR  
LECANTO, FL 34461 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: MGRM  
Name: NELSON, JAMES F SR  
Address: 1764 N CROOKED BRANCH DR  
City-St-Zip: LECANTO, FL 34461 US

Title: MGRM  
Name: NELSON, JAMES F JR  
Address: 7590 SW 188TH AVE  
City-St-Zip: DUNNELLON, FL 34432

I hereby 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: JAMES F NELSON SR

MGRM

03/04/2010

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