2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L07000051472



FILED Jan 14, 2008 8:00 am Secretary of State 01-14-2008 90041 007 ***138.75

JACMIN COMPANY, LLC				01-14-2008 90041 007 ****138.73
Principal Place 250 TONEY P JUPITER, FL 3	ENNA DRIVE #3	Mailing Address 250 TONEY PENNA DRI JUPITER, FL 33458	IVE #3	NORTH AND ARTH INCH ARTH COME OF THE STATE AND LIGHT COME TO BE THE STATE OF THE ST
2. Principal Pla	ace of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01112008 Chg-LLC CR2E083 (12/08)
City & State		City & State		4. FEI Number X Applied For Not Applicable
Ζiρ	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
NOBLE, CURTIS 250 TONEY PENNA DRIVE #3 JUPITER, FL 33458				s (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 _	Signature, typed or printed name of registared agent	and life Laspicable. (NOT	E. Registered Agent signature requir	TIS NODUL 1 11 108 MATE
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State
9.	. MANAGING MEMBE	RS/MANAGERS	10.	ADDITIONS/CHANGES
NAME STREET ADDRESS CITY-ST-ZIP	MGRM NOBLE, CURTIS 250 TONEY PENNA DRIVE #3 JUPITER, FL 33458	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	301 (TEIX, 3 E 30430	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TIFLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	THE NAME STREET ADDRESS CHY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-MP	☐ Change ☐ Addition
11. I hereby condicated limited liab		(M)	- Cu	od in Chapter 119, Florida Statutes. I further certify that the information if made under oath; that I am a managing member or manager of the apter 608, Florida Statutes. ### The Police Page Proper ### Date Dayline Phone ### Dayline Phone ####################################