

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000072203

FILED
Apr 12, 2009
Secretary of State

Entity Name: JAYCORE, LLC.

Current Principal Place of Business:

13820 OLD ST. AUGUSTINE RD., STE. 113-294
STE 113-294
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

13820 OLD ST. AUGUSTINE RD., STE. 113-294
STE 113-294
JACKSONVILLE, FL 32258

New Mailing Address:

FEI Number: 56-2660029 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAY, BYRON
4620 SUNBEAM STATION COURT
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

JAY, BYRON
1512 CHATHAM COURT
ST AUGUSTINE, FL 32092 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: _____ 04/12/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JAY, BYRON
Address: 4620 SUNBEAM STATION COURT
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JAY, BYRON
Address: 1512 CHATHAM COURT
City-St-Zip: ST AUGUSTINE, FL 32092

Title: MGRM () Delete
Name: GEANS, DORINDA
Address: 4620 SUNBEAM STATION COURT
City-St-Zip: JACKSONVILLE, FL 32257

Title: MGRM (X) Change () Addition
Name: GEANS, DORINDA
Address: 1512 CHATHAM COURT
City-St-Zip: ST AUGUSTINE, FL 32092

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: BYRON R JAY MGRM 04/12/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date