

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000076129

Entity Name: J.M. MCKIBBEN, LLC

FILED
Aug 06, 2008
Secretary of State

Current Principal Place of Business:

997 TAMIAMI TRAIL NORTH, UNIT C
PMB 219
NOKOMIS, FL 34275

New Principal Place of Business:

1435 VENICE AVENUE E. SUITE 104
PMB 138
NOKOMIS, FL 34292

Current Mailing Address:

997 TAMIAMI TRAIL NORTH, UNIT C
PMB 219
NOKOMIS, FL 34275

New Mailing Address:

1435 VENICE AVENUE E. SUITE 104
PMB 138
NOKOMIS, FL 34292

FEI Number: 26-0701921 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MCKIBBEN, JOE M
997 TAMIAMI TRAIL NORTH, UNIT C
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

MCKIBBEN, JOE M
1435 VENICE AVENUE E. SUITE 104
PMB 138
NOKOMIS, FL 34292 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:

08/06/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCKIBBEN, JOE M
Address: 997 TAMIAMI TRAIL NORTH, UNIT C
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MCKIBBEN, JOE M
Address: 1435 VENICE AVENUE E., SUITE 104 PMB 138
City-St-Zip: NOKOMIS, FL 34292

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: JOE M. MCKIBBEN

MGR

08/06/2008

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