

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 11, 2008 8:00 am**  
**Secretary of State**

09-11-2008 90025 044 \*\*\*138.75

<b>DOCUMENT # L07000093709</b> 1. Entity Name <b>JCC AND ASSOCIATES, LLC</b>																											
Principal Place of Business <b>7400 HIGHWAY 95A MOLINO, FL 32577</b>		Mailing Address <b>7400 HIGHWAY 95A MOLINO, FL 32577</b>																									
2. Principal Place of Business - No P.O. Box # <b>7400 Hwy 95A N</b>		3. Mailing Address <b>7400 Hwy 95A N</b>																									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																									
City & State <b>MOLINO, FL.</b>		City & State <b>MOLINO, FL.</b>																									
Zip <b>32577</b>		Zip <b>32577</b>																									
Country <b>USA</b>		Country <b>USA</b>																									
4. FEI Number <b>260175021</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>CHUMNEY, JOHN 7400 HIGHWAY 95A MOLINO, FL 32577</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>		In accordance with s. 807.193(2)(b), F.S., the limited liability company did not receive the prior notice.																									
Make check payable to <b>Florida Department of State</b>																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>9.1 MANAGING MEMBERS/MANAGERS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CHUMNEY, JOHN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7400 HIGHW 95A</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MOLINO, FL 32577</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>10. ADDITIONS/CHANGES</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>				TITLE	MGRM	<input type="checkbox"/> Delete	NAME	CHUMNEY, JOHN		STREET ADDRESS	7400 HIGHW 95A		CITY - ST - ZIP	MOLINO, FL 32577		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.																											
<b>SIGNATURE:</b> <u>John Chumney</u> <u>JOHN CHUMNEY</u> <u>9/7/08</u> <u>850/380-0173</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																											

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