

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000103099

FILED
Apr 30, 2008
Secretary of State

Entity Name: JACKSONVILLE ROLLERGIRLS, LLC

Current Principal Place of Business:

8719 W. BEAVER STREET
JACKSONVILLE, FL 32220 US

New Principal Place of Business:

Current Mailing Address:

8719 W. BEAVER STREET
JACKSONVILLE, FL 32220 US

New Mailing Address:

FEI Number: 61-1545804

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPPS, JOANN
8719 W. BEAVER STREET
JACKSONVILLE, FL 32220 US

Name and Address of New Registered Agent:

CAPPS, JOANN D MS.
8719 W. BEAVER STREET
JACKSONVILLE, FL 32220 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: JOANN CAPPS

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CAPPS, JOANN
Address: 8719 W. BEAVER STREET
City-St-Zip: JACKSONVILLE, FL 32220 US

Title: MGRM () Delete
Name: HIGBY, COURTNEY
Address: 8719 W. BEAVER STREET
City-St-Zip: JACKSONVILLE, FL 32220 US

Title: MGRM () Delete
Name: MACHADO-GAINEY, DAWN
Address: 8719 W. BEAVER STREET
City-St-Zip: JACKSONVILLE, FL 32220 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CAPPS, JOANN D PRES
Address: 8719 W. BEAVER STREET
City-St-Zip: JACKSONVILLE, FL 32220 US

Title: VP (X) Change () Addition
Name: OSTEEN, BEVERLY VP
Address: 8719 W. BEAVER STREET
City-St-Zip: JACKSONVILLE, FL 32220 US

Title: TRES (X) Change () Addition
Name: LUDINGTON, MELISSA TRES
Address: 8719 W. BEAVER STREET
City-St-Zip: JACKSONVILLE, FL 32220 US

Title: SEC () Change (X) Addition
Name: JACKSON, ANGELA SEC
Address: 8719 W. BEAVER STREET
City-St-Zip: JACKSONVILLE, FL 32220 US

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: JOANN CAPPS

MGRM

04/30/2008

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