

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000104065

FILED
Apr 30, 2008
Secretary of State

Entity Name: JRSW AND ASSOCIATES, LLC

Current Principal Place of Business:

3890 DUNN AVE, SUITE 203
JACKSONVILLE, FL 32218

New Principal Place of Business:

3890 DUNN AVE
203
JACKSONVILLE, FL 32218

Current Mailing Address:

3890 DUNN AVE, SUITE 203
JACKSONVILLE, FL 32218

New Mailing Address:

3890 DUNN AVE
203
JACKSONVILLE, FL 32218

FEI Number: 26-0772647

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JUNE, KENDRA P
972 MISTY MAPLE CT
ORANGE PARK, FL 32065 US

Name and Address of New Registered Agent:

JUNE, KENDRA P
3890 DUNN AVE
203
JACKSONVILLE, FL 32218 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: KENDRA JUNE

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

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

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

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

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

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: JUNE, KENDRA P
Address: 972 MISTY MAPLE CT
City-St-Zip: ORANGE PARK, FL 32065

Title: MGRM () Change (X) Addition
Name: STRIPLING, AUDREY G
Address: 6728 CHAMPLAIN RD
City-St-Zip: JACKSONVILLE, FL 32208

Title: MGRM () Change (X) Addition
Name: STRIPLING, SYLVIA B
Address: 208 AFTON SQ APT 108
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGRM () Change (X) Addition
Name: STRIPLING, SABRINA T
Address: 208 AFTON SQ APT 108
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGRM () Change (X) Addition
Name: JUNE, VERA L
Address: 136 RHODEN LN
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGRM () Change (X) Addition
Name: MACK-JACKS, SANDRA
Address: 1717 N SECRETARIAT LN
City-St-Zip: JACKSONVILLE, FL 32218

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: KENDRA JUNE

MGRM

04/30/2008

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