

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000104065

Entity Name: JRSW AND ASSOCIATES, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

3890 DUNN AVE
203
JACKSONVILLE, FL 32218

New Principal Place of Business:

3890 DUNN AVE
203
JACKSONVILLE, FL 32218

New Mailing Address:

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
3890 DUNN AVE
203
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

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

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

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

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: STRIPLING, SYLVIA B
Address: 1717 BUCKEYE FALLS WAY
City-St-Zip: ORLANDO, FL 32824

Title: MGRM (X) Change () Addition
Name: STRIPLING, SABRINA T
Address: 1717 BUCKEYE FALLS WAY
City-St-Zip: ORLANDO, FL 32824

Title: MGRM (X) Change () Addition
Name: JUNE, VERA L
Address: 1581 E NORMANDY BLVD
City-St-Zip: DELTONA, FL 32725

Title: MGRM (X) Change () Addition
Name: MACK-JACKSON, 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

04/29/2009

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