


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000107071	
1. Entity Name ASTUTANT JENKS AVENUE LLC	

08 JUN 27 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business 1430 ROYAL PALM SQUARE BOULEVARD SUITE 103 FORT MYERS, FL 33919 US	Mailing Address 1430 ROYAL PALM SQUARE BOULEVARD SUITE 103 FORT MYERS, FL 33919 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04232008 Chg-LLC CR2E083 (12/06)

4. FEI Number	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PARAMESWARAN, ARUN 1430 ROYAL PALM SQUARE BOULEVARD SUITE 103 FORT MYERS, FL 33919		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 Arumlyer DATE 4/23/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARAMESWARAN, ARUN 1430 ROYAL PALM SQUARE BOULEVARD STE 103 FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: Arumlyer DATE 06/07/08 239-481-5800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE