

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

02-21-2008 90065 050 ***138.75

DOCUMENT # L07000120914

1. Entity Name
JLSWIT REALTY, LLC



Principal Place of Business:
157 KEVIN DRIVE
GULF BREEZE, FL 32561 US

Mailing Address
157 KEVIN DRIVE
GULF BREEZE, FL 32561 US

30001702



02162008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #
4146 W. Sandy Bluff Dr.
Suite, Apt. #, etc.

3. Mailing Address
4146 W. Sandy Bluff Dr.
Suite, Apt. #, etc.

City & State
Gulf Breeze, FL

City & State
Gulf Breeze, FL

4. FEI Number
26-1549418

Applied For
☐ Not Applicable

Zip
32563

Country
USA

Zip
32563

Country
USA

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

6. Name and Address of Current Registered Agent

LYNCHARD LAW FIRM, P.A.
1901 ANDORRA STREET
NAVARRE, FL 32566

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature Required when replacing)

3/7/09
DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SWITZER, JOHN L ☐ Delete
157 KEVIN DRIVE
GULF BREEZE, FL 32561

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
OGBURN, WILLIAM E ☐ Delete
4146 W. SANDY BLUFF DRIVE
GULF BREEZE, FL 32563

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
-- ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
-- ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
-- ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
-- ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

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