

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000003547

FILED
Feb 03, 2009
Secretary of State

Entity Name: JAMKIE ENTERPRISES, LLC.

Current Principal Place of Business:

5251 DELONA RD.
MILTON, FL 32583

New Principal Place of Business:

5251 DELONA RD
MILTON, FL 32583

Current Mailing Address:

5251 DELONA RD.
MILTON, FL 32583

New Mailing Address:

5251 DELONA RD
MILTON, FL 32583

FEI Number: 26-1720142

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENKIS, JACQUELINE M
5251 DELONA RD.
MILTON, FL 32583 US

Name and Address of New Registered Agent:

BENKIS, JACQUELINE M
5251 DELONA RD
MILTON, FL 32583 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: JACQUELINE M BENKIS

02/03/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BENKIS, JAMES A
Address: 5251 DELONA RD.
City-St-Zip: MILTON, FL 32583

Title: MGRM () Delete
Name: BENKIS, JACQUELINE M
Address: 5251 DELONA RD.
City-St-Zip: MILTON, FL 32583

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BENKIS, JAMES A
Address: 5251 DELONA RD
City-St-Zip: MILTON, FL 32583

Title: MGRM (X) Change () Addition
Name: BENKIS, JACQUELINE M
Address: 5251 DELONA RD
City-St-Zip: MILTON, FL 32583

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: JACQUELINE M BENKIS

MGRM

02/03/2009

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