

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000008042

Entity Name: JERLYN ADVENTURES LLC

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

5 FOX LAIR VILLAGE
MEDIA, PA 19063

New Principal Place of Business:

6715 POWERS AV
JACKSONVILLE, FL 32217

Current Mailing Address:

5 FOX LAIR VILLAGE
MEDIA, PA 19063

New Mailing Address:

6715 POWERS AV
JACKSONVILLE, FL 32217

FEI Number: 26-1745708

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, RICK
9770 OLD BAYMEADOWS RD, STE. 103
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

MCCANN, RAYMOND
11574 EAST RIDE DRIVE
JACKSONVILLE, FL 32223 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: RAYMOND G MCCANN

04/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCCANN, RAYMOND G
Address: 5 FOX LAIR VILLAGE
City-St-Zip: MEDIA, PA 19063

Title: MGR () Delete
Name: MCCANN, LYNETTE ANN
Address: 5 FOX LAIR VILLAGE
City-St-Zip: MEDIA, PA 19063

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MCCANN, RAYMOND G
Address: 6715 POWERS AVE
City-St-Zip: JACKSONVILLE, FL 32217

Title: MGR (X) Change () Addition
Name: MCCANN, LYNETTE ANN
Address: 11574 EAST RIDE DRIVE
City-St-Zip: JACKSONVILLE, FL 32223

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: RAYMOND G MCCANN

OWNE

04/15/2009

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