

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000027096

FILED
Apr 09, 2009
Secretary of State

Entity Name: JACKSON'S OF PENSACOLA, LLC

Current Principal Place of Business:

226 S. PALAFOX PLACE
6TH FLOOR
PENSACOLA, FL 32502

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 710
PENSACOLA, FL 325910710

New Mailing Address:

FEI Number: 26-2189356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHILL, LAWRENCE C
226 S. PALAFOX PLACE
6TH FLOOR
PENSACOLA, FL 32502 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: 400 SOUTH PALAFOX, LLC
Address: 226 S. PALAFOX PLACE, 6TH FLOOR
City-St-Zip: PENSACOLA, FL 32502

Title: MGRM () Delete
Name: MILLER, IRVING B
Address: 226 S. PALAFOX PLACE, 6TH FLOOR
City-St-Zip: PENSACOLA, FL 32502

Title: MGRM () Delete
Name: PHILLIPS, BARRY E
Address: 226 S. PALAFOX PLACE, 6TH FLOOR
City-St-Zip: PENSACOLA, FL 32502

ADDITIONS/CHANGES:

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

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

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

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: J. COLLIER MERRILL

MGRM

04/09/2009

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