

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000052678

FILED
May 21, 2009
Secretary of State

Entity Name: JACKSONVILLE RUNNING COMPANY, LLC

Current Principal Place of Business:

9823 TAPESTRY PARK CIR
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

4343 MONUMENT RD
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 26-2705234 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SHOTT, OWEN
4343 MONUMENT RD
JACKSONVILLE, FL 32225 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: SHOTT, JOANNA
Address: 4343 MONUMENT RD
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGRM () Delete
Name: SHOTT, OWEN
Address: 4343 MONUMENT RD
City-St-Zip: JACKSONVILLE, FL 32225

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM () Change (X) Addition
Name: DEVOS, THEODORE J
Address: 117 PONTE VEDRA COLONY CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: OWEN SHOTT

MGRM

05/21/2009

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