

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000064443

**FILED**  
**Jun 22, 2012**  
**Secretary of State**

**Entity Name:** JACKSONVILLE BRANDS, LLC

**Current Principal Place of Business:**

226 CROWNE WOOD DR  
HOOVER, AL 35244 US

**New Principal Place of Business:**

**Current Mailing Address:**

1516 ASTORIA DR  
ALLEN, TX 75013 US

**New Mailing Address:**

PO BOX 551267  
JACKSONVILLE, FL 32255 US

**FEI Number:** 26-2942605

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KAISANI, WAZIR MR  
7504 ATLANTIC BVLD  
JACKSONVILLE, FL 32211 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:** PRES  
**Name:** KAISANI, PERVEZ MR  
**Address:** 1516 ASTORIA DR  
**City-St-Zip:** ALLEN, TX 75013 US

**Title:** COO  
**Name:** WILLIAMS, MARK MR  
**Address:** 226 CROWNE WOOD DR  
**City-St-Zip:** HOOVER, AL 35244 US

**Title:** SEC  
**Name:** SMALL, KEVIN MR  
**Address:** 9743 TATTERSALLAVE  
**City-St-Zip:** ORLANDO, FL 32817 US

**Title:** CFO  
**Name:** KAISANI, WAZIR ALI  
**Address:** 1526 ASTORIA DR  
**City-St-Zip:** ALLEN, TX 32765 US

**Title:** VP  
**Name:** KAISANI, IQBAL  
**Address:** 670 CLEMSON LANE  
**City-St-Zip:** LAWRENCEVILLE, GA 30043 US

I hereby 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:** MARK WILLIAMS

COO

06/22/2012

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