

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000069069

FILED
Jun 22, 2009
Secretary of State

Entity Name: JEFFGAIL PROPERTIES, LLC

Current Principal Place of Business:

645 KENTUCKY AVE.
UMATILLA, FL 32784 US

New Principal Place of Business:

Current Mailing Address:

645 KENTUCKY AVE.
UMATILLA, FL 32784 US

New Mailing Address:

FEI Number: 26-3036495 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:

UNITED STATES CORPORATION AGENTS, INC.
320 S. FLAMINGO ROAD
347
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

INCSMART.BIZ
2825 S.W.22ND AVE.
105
DELRAY BEACH,, FL 33445 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: EUNICE GALLETTS

06/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SMIT, JEFFREY P
Address: 645 KENTUCKY AVE.
City-St-Zip: UMATILLA, FL 32784 US

Title: MGRM () Delete
Name: SMITH, GAIL
Address: 645 KENTUCKY AVE.
City-St-Zip: UMATILLA, FL 32784 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: SMITH, GAIL E
Address: 645 KENTUCKY AVE.
City-St-Zip: UMATILLA, FL 32784 US

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: JEFFREY P. SMITH

MGRM

06/22/2009

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