2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# L08000090707

Entity Name: JMA MONAGHAN ENTERPRISES LLC.

Current Principal Place of Business:

6584 50TH AVE NORTH
SAINT PETERSBURG, FL 33709

New Principal Place of Business:

Current Mailing Address:

6584 50TH AVE NORTH
SAINT PETERSBURG, FL 33709

New Mailing Address:

FEI Number: 26-3395159 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MONAGHAN, JOHN J SR
852 79TH AVE SOUTH
SAINT PETERSBURG, FL 33707 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:	MGR	( ) Delete
Name:	MONAGHAN, JOHN J SR	
Address:	852 79TH STREET SOUTH	
City-St-Zip:	SAINT PETERSBURG, FL 33707	
Title:	MGR	( ) Delete
Name:	MONAGHAN, MARY ANN	
Address:	852 79TH STREET SOUTH	
City-St-Zip:	SAINT PETERSBURG, FL 33707	
Title:	MGR	(X) Delete
Name:	MONAGHAN, JOHN M	
Address:	6242 44TH AVE NORTH	
City-St-Zip:	KENNETH CITY, FL 33709	

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: MARY ANN MONAGHAN MGR 04/07/2009

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