

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000101085

**FILED**  
**Jan 24, 2012**  
**Secretary of State**

**Entity Name:** JACK P. AND BARBARA S. CAMPBELL, LLC

**Current Principal Place of Business:**

1700 WELLS ROAD, SUITE 19  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

**Current Mailing Address:**

1700 WELLS ROAD, SUITE 19  
ORANGE PARK, FL 32073

**New Mailing Address:**

**FEI Number:** 26-3627499

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WATSON, TODD ESQ.  
12276 SAN JOSE BOULEVARD, SUITE 721  
JACKSONVILLE, FL 32233 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  
**Name:** CAMPBELL, JACK P  
**Address:** 1700 WELLS ROAD, SUITE 19  
**City-St-Zip:** ORANGE PARK, FL 32073

**Title:** MGRM  
**Name:** CAMPBELL, BARBARA S  
**Address:** 1700 WELLS ROAD, SUITE 19  
**City-St-Zip:** ORANGE PARK, FL 32073

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:** BARBARA S. CAMPBELL

MGRM

01/24/2012

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