

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000115454

Entity Name: ABILITY MAYFAIR II, LLC

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

126 W ADAMS ST SUITE 502
JACKSONVILLE, FL 32202

New Principal Place of Business:

126 W. ADAMS ST.
SUITE 502
JACKSONVILLE, FL 32202 US

Current Mailing Address:

126 W ADAMS ST SUITE 502
JACKSONVILLE, FL 32202

New Mailing Address:

126 W. ADAMS ST.
SUITE 502
JACKSONVILLE, FL 32202 US

FEI Number: 26-4499893

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NAZWORTH, SHANNON
ABILITY HOUSING OF NORTHEAST FLORIDA
126 W ADAMS ST SUITE 502
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

NAZWORTH, SHANNON
126 W. ADAMS ST.
SUITE 502
JACKSONVILLE, FL 32202 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: SHANNON NAZWORTH

03/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GROVE HOUSE OF JACKS, ONVILLE, INC.
Address: 126 W ADAMS ST SUITE 502
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GROVE HOUSE OF JACKS, ONVILLE, INC.
Address: 126 W. ADAMS ST. SUITE 502
City-St-Zip: JACKSONVILLE, FL 32202 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: SHANNON NAZWORTH

MS.

03/20/2009

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