

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000053212

Entity Name: JAX ASP, LLC

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4378 CROOKED CREEK DRIVE  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**

4378 CROOKED CREEK DRIVE  
JACKSONVILLE, FL 32224

**New Mailing Address:**

FEI Number: 27-0256285

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HATHAWAY & REYNOLDS, P.A.  
115 PROFESSIONAL DRIVE  
SUITE 101  
PONTE VEDRA BEACH, FL 32082 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: P  
Name: WILKINSON, CHRISTOPHER M  
Address: 4378 CROOKED CREEK DRIVE  
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP  
Name: STARR, JOSEPH W  
Address: 539 BARTLETT STREET  
City-St-Zip: MACON, GA 31204

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: CHRIS WILKINSON

PRES

01/08/2010

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