

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000055761

Entity Name: JAM'S & SHARON LLC

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4485 WOODBRIDGE ROAD  
NICEVILLE, FL 32578

**New Principal Place of Business:**

**Current Mailing Address:**

4485 WOODBRIDGE ROAD  
NICEVILLE, FL 32578

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

APPLER, JAMES A  
4485 WOODBRIDGE ROAD  
NICEVILLE, FL 32578 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: APPLER, JAMES A  
Address: 4485 WOODBRIDGE ROAD  
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM  
Name: APPLER, SHARON A  
Address: 4485 WOODBRIDGE ROAD  
City-St-Zip: NICEVILLE, FL 32578

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: SHARON APPLER

MGRM

03/15/2011

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