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T. CLINE

JUL 24 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Jackson Creary Enterprise, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Annette T Creary

Name of Person

Jackson Creary Enterprise, LLC

Firm/Company

12415 Cedarfield Dr.

Address

Riverview, Fl. 33579

City/State and Zip Code

atcreary@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Annette T Creary

Name of Person

at (**813**) **464-9191**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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