

L 09000091566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

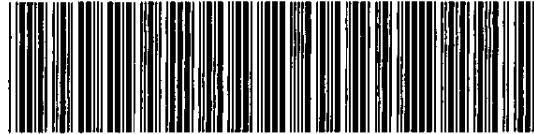
Special Instructions to Filing Officer:

A. LUNT

MAR - 5 2010

EXAMINER

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03/04/10--01033--015 **25.00

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2010 MAR - 4 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/2/2010

To Whom It May Concern,

Enclosed you will find changes to my business.

The new address will be effective March 31, 2010. In the meantime please send any correspondence to 6606 Kingspointe Pkwy Orlando, FL 32819. Any questions please call me on my cell 407-719-8938.

Kitty Jackson

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Jacksons Gymnastics, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Jillian Jackson	2900 Langley Park Ct Orlando, FL 32835	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated March 2, 2010.

Kathleen O Jackson
 Signature of a member or authorized representative of a member
Kathleen Jackson
 Typed or printed name of signee