

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000023870

Entity Name: JM4, LLC

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

7815 N. DALE MABRY SUITE 200  
TAMPA, FL 33614

**New Principal Place of Business:**

5019 AVENUE AVIGNON  
LUTZ, FL 33558

**Current Mailing Address:**

10412 CARROLL COVE PLACE  
TAMPA, FL 33612

**New Mailing Address:**

5019 AVENUE AVIGNON  
LUTZ, FL 33558

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

MICHAELS, EARL W  
7815 N. DALE MABRY SUITE 200  
TAMPA, FL 33614 US

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

MICHAELS, JASON D  
5019 AVENUE AVIGNON  
LUTZ, FL 33558 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: JASON MICHAELS

01/06/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR.  
Name: MICHAELS, JASON D  
Address: 5019 AVENUE AVIGNON  
City-St-Zip: LUTZ, FL 33558

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: JASON MICHAELS

MR.

01/06/2012

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