

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000036651

Entity Name: JACOP, LLC

**FILED**  
**Jan 31, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2418 HARBOUR COVE DRIVE  
FORT PIERCE, FL 34949 US

**New Principal Place of Business:**

**Current Mailing Address:**

2418 HARBOUR COVE DRIVE  
FORT PIERCE, FL 34949 US

**New Mailing Address:**

FEI Number: 27-2435957

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEASE, KATHRYN P  
2418 HARBOUR COVE DRIVE  
FORT PIERCE, FL 34949 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: LEASE, OWEN L  
Address: 2418 HARBOUR COVE DRIVE  
City-St-Zip: FORT PIERCE, FL 34949 US

Title: MGRM  
Name: LEASE, KATHRYN P  
Address: 2418 HARBOUR COVE DRIVE  
City-St-Zip: FORT PIERCE, FL 34949 US

Title: MGRM  
Name: CROWLEY, JAMES C  
Address: 746 SILVER SHORES DRIVE  
City-St-Zip: VERO BEACH, FL 32963 US

Title: MGRM  
Name: CROWLEY, AUDREY K  
Address: 746 SILVER SHORES ROAD  
City-St-Zip: VERO BEACH, FL 32963 US

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: KATHRYN P. LEASE

MGRM

01/31/2012

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