

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L10000072484

**Entity Name:** JAX FOOD DELIVERY, LLC

**FILED**  
**Aug 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3136 W COURTNEY WOODS LANE  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

4063 SALISBURY ROAD, SUITE 201  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

3136 W COURTNEY WOODS LANE  
JACKSONVILLE, FL 32224

**New Mailing Address:**

4063 SALISBURY ROAD, SUITE 201  
JACKSONVILLE, FL 32216

**FEI Number:** 27-3003865

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KARNIEWICZ, JUDY  
1406 W. FLETCHER AVENUE  
TAMPA, FL 33612 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: MGR  
Name: COLANGELO, THOMAS  
Address: 214 W. UNIVERSITY AVENUE  
City-St-Zip: GAINESVILLE, FL 32601

Title: MGR  
Name: O'BRYAN, NICHOLAS P  
Address: 4063 SALISBURY ROAD, SUITE 201  
City-St-Zip: JACKSONVILLE, FL 32216

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: TOM COLANGELO

MGR

08/30/2011

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