

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000101168

Entity Name: JAX FAIRFIELD FINANCIAL, LLC

FILED  
Jan 06, 2011  
Secretary of State

**Current Principal Place of Business:**

17885 COLLINS AVENUE  
4001  
SUNNY ISLES BEACH, FL 33160 US

**New Principal Place of Business:**

**Current Mailing Address:**

5875 PEACHTREE INDUSTRIAL BLVD  
340  
NORCROSS, GA 30092 US

**New Mailing Address:**

FEI Number: 27-3554572

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

THAKKAR, NILOY  
17885 COLLINS AVENUE  
4001  
SUNNY ISLES BEACH, FL 33160 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: THAKKAR, NILOY  
Address: 17885 COLLINS AVENUE UNIT 4001  
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

Title: MGRM  
Name: THAKKAR, ROHAN  
Address: 17885 COLLINS AVENUE UNIT 4001  
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

Title: MGR  
Name: THAKKAR, CHITTRANJAN K  
Address: 17885 COLLINS AVENUE UNIT 4001  
City-St-Zip: SUNNY ISLES BEACH, FL 33160 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: NILOY THAKKAR

MGRM

01/06/2011

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