

**2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000066234

**FILED  
Jan 15, 2012  
Secretary of State**

**Entity Name:** JNT CUSTOMER CARE LLC

**Current Principal Place of Business:**

5809 WHISPER PINE DR.  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

5809 WHISPER PINE DR.  
LEESBURG, FL 34748

**New Mailing Address:**

**FEI Number:** 45-2470289

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIEMSEN, TINA M  
5809 WHISPER PINE DR.  
LEESBURG, FL 34748 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:** SIEMSEN, TINA M  
**Address:** 5809 WHISPER PINE DR.  
**City-St-Zip:** LEESBURG, FL 34748

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: TINA M. SIEMSEN

MGRM

01/15/2012

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