| -11 | | | | | _ | **** | | | | |
|--|---------------------------|---|---------------------|---------------|------------------------------|--|---|--------------------------|-----------|-----------------------------|
| File on or before May 1, 1999 or Limited Liability Company will subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY ANNUAL REPORT ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS | | | | | | | FILED | | | |
| FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee | | | | | | | 99 MAR 15 AN IO: 40 | | | |
| \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1 Name and Mailing Address of Limited Liability Company DOCUMENT # 198000000895 | | | | | | | SLORETARY OF STATE TALLAHASSEE, FLORIDA | | | |
| JERUE KIRCHEN CAMPANO, L.C. 1000 WESTWIND WAY BARTOW FL 33830 | | | | | | | 1a. Principal Place of Business Address 1000 WESTWIND WAY BARTOW FL 33830 | | | |
| 2 Principa | al Place of Bus | 2a. Maili | 2a. Mailing Address | | | 3. Date Organized or Qualifie 06/26/1998 | | 3a. State of Formation | | |
| Suite, Apt. #, etc. | | | Suite, Apl. #, etc. | | | | 4. FEI Number | |] | <u></u> |
| City & State | | | City & State | | | | | | } | Applied For Not Applicable |
| Zip | | Country | Zip | - | Country | | 5. Date of Last Report | | · | ate of Status Desired |
| 9. Pursuant to the provisions of Sections 608.416 and 608 508, Florida Statutes, the at its registered office or registered agent, or both, in the State of Florida. Such change was a as registered agent, and accept the obligations. SIGNATURE (Hogstere Agent Accepting Apparative 1) (HOI). To getter a Agent with the state of Florida. | | | | | | Suite, Apt #, etc City ove-named limited uthorized by affirma | ###188.75 ****188.75 Zip Code FL diability company submits this statement for the purpose of changing alive vote of a majority of the members. I hereby accept the appointment | | | |
| 10. Title Managing Members/Managers | | | | | Business Street Address | | | City, State and Zip Code | | |
| MGRM MGRM MGRM | JERUE KIRCHI CAMPAI | 1000 WESTWIND WAY 500 NORTH WESTSHORE BLVD. 1000 WESTWIND WAY | | | BARTOW FL TAMPA FL BARTOW FL | | | | | |
| | | | | | | | | SL 3- | .19-99 | ? |
| 11 Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited hability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes, and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: SIGN | | | | | | | | | | |
| SIGUATURE AND LYPED OR PRICTED NAME OF SIGNER, MANAGINS MEMBER OF MANAGER Date Digital Project | | | | | | | | | | |