

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000000895

1. Entity Name
JERUE KIRCHEN CAMPANO, L.C.



Principal Place of Business
280 EAST MAIN STREET
BARTOW, FL 33739

Mailing Address
PO BOX 9007
BARTOW, FL 33831



01142004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3567408

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANN, JOHN L
105 SOUTH FLORIDA AVENUE
LAKELAND, FL 33801

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
JERUE, JOHN J
STREET ADDRESS
280 EAST MAIN STREET
CITY - ST - ZIP
BARTOW, FL 33830

TITLE
NAME
MGRM
CAMPANO, LUIS E
STREET ADDRESS
280 EAST MAIN STREET
CITY - ST - ZIP
BARTOW, FL 33830

TITLE
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01/20/04-80075-012 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-14-03 (862) 519-5678

Ext. 208