

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # L99000007353

1. Entity Name
JTL&L PROPERTIES LLC



Principal Place of Business
4910 POST POINTE DR.
SARASOTA, FL 34233

Mailing Address
4910 POST POINTE DR.
SARASOTA, FL 34233



01052008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0959232

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, LISA M
4910 POST POINTE DR.
SARASOTA, FL 34233

**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 re-registering)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000851196
03/25/08-80025-006 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SMITH, LISA M
STREET ADDRESS	4910 POST POINTE DR.
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	MGRM
NAME	SMITH, JOHN E
STREET ADDRESS	4910 POST POINTE DR.
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	MGRM
NAME	HELLER, THOMAS M
STREET ADDRESS	3371 TALLYWOOD CT.
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	MGRM
NAME	HELLER, LUCY E
STREET ADDRESS	3371 TALLYWOOD CT.
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

Lisa M Smith, Member

3/3/08

941-928-9250

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

Date

Daytime Phone #