

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90117 021 ****50.00

DOCUMENT # M01000001000

1. Entity Name

JAX PAC DEVELOPMENT CO. LLC.



Principal Place of Business

5041A BENOIS RD
ROANOKE VA 24014

Mailing Address

5041A BENOIS RD
ROANOKE VA 24014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-2019003

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAPPELL, DAVID
405 E. WOODHAVEN DRIVE
PONTE VEDRA BEACH FL 32082

Name

VICTOR F. FOTI

Street Address (P.O. Box Number is Not Acceptable)

5 NORTH CYPRESSWOOD DRIVE

City

PALM COAST

FL

Zip Code

32137

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

Victor F. Foti VICTOR F. FOTI, MGR.

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

(NOTE: Registered Agent signature required when reinstating)

4-6-04

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	FOTI, VICTOR F	
STREET ADDRESS	4909 BUCKHORN RD	
CITY-ST-ZIP	ROANOKE VA	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	CHAPPELL, DAVID	
STREET ADDRESS	405 EAST WOODHAVEN DR.	
CITY-ST-ZIP	PONTE VEDRA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Victor F. Foti* VICTOR F. FOTI, MANAGER, 4-6-04 540-34-8200

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

Date

Daytime Phone #