

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # M03000003936**

1. Entity Name  
JIK MISSION NEVADA, LLC



Principal Place of Business  
7900 MIAMI LAKES DR. WEST  
MIAMI LAKES, FL 33016-5897

Mailing Address  
7900 MIAMI LAKES DR. WEST  
MIAMI LAKES, FL 33016-5897



03182008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

88-0457331

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JIK COLONNADES GP, INC.  
7900 MIAMI LAKES DR. WEST  
MIAMI LAKES, FL 33016-5897

**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)

U00000087ME44

04/11/08-80082-011 138.75

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BARTELMO, THOMAS 7900 MIAMI LAKES DR. WEST MIAMI LAKES, FL 330165897
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KISLAK, JONATHAN I 7900 MIAMI LAKES DR. WEST MIAMI LAKES, FL 330165897
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**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 606, Florida Statutes.

**SIGNATURE:**  Thomas Bartelmo, MGR

3/18/08 (305) 364-4101

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

Date

Daytime Phone #