

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015031

Entity Name: AJJ JACOBS FAMILY, LC

Current Principal Place of Business:

2607 TWINFLOWER LANE
NAPLES, FL 34105

Current Mailing Address:

2607 TWINFLOWER LANE
NAPLES, FL 34105

FEI Number: 59-3708318

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JACOBS, JOYCE L
2607 TWINFLOWER LANE
NAPLES, FL 34105 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR
Name JACOBS, JOYCE LPRES
Address 2607 TWINFLOWER LANE
City-State-Zip: NAPLES FL 34105

Title MGRM
Name JACOBS, ARTHUR HVP
Address 2607 TWINFLOWER LANE
City-State-Zip: NAPLES FL 34105

Title MGRM
Name JACOBS, JAMIE VP
Address 2607 TWINFLOWER LANE
City-State-Zip: NAPLES FL 34105

Title MGRM
Name JACOBS, ARTHUR HVP
Address 2607 TWINFLOWER LANE
City-State-Zip: NAPLES FL 34105

Title MGRM
Name JACOBS, JAMIE LVP
Address 2607 TWINFLOWER LANE
City-State-Zip: NAPLES FL 34105

Title MGR
Name JACOBS, JOYCE LPRES
Address 2607 TWINFLOWER LANE
City-State-Zip: NAPLES FL 34105

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOYCE JACOBS

MGR

03/19/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date