

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032043

Entity Name: JALTED, LLC**Current Principal Place of Business:**2277 MAIN STREET
FORT MYERS, FL 33901**Current Mailing Address:**2277 MAIN STREET
FORT MYERS, FL 33901**FEI Number:** 04-3776142**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MADDEN, JOSEPH MJR.
2277 MAIN STREET
FORT MYERS, FL 33901 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	MGRM
Name	MADDEN, JOSEPH MJR.
Address	2277 MAIN STREET
City-State-Zip:	FORT MYERS FL 33901

Title	MGRM
Name	MADDEN, LISA
Address	1131 VESPER DR.
City-State-Zip:	FORT MYERS FL 33901

Title	MGRM
Name	CROSBIE, THOMAS
Address	513 PECK STREET
City-State-Zip:	FORT MYERS FL 33912

Title	MGRM
Name	CROSBIE, ALBANIA G
Address	513 PECK STREET
City-State-Zip:	FORT MYERS FL 33912

Title	MGRM
Name	HENDRIX, EDGAR
Address	4701 LONE PINE COURT
City-State-Zip:	FORT MYERS FL 33905

Title	MGRM
Name	HENDRIX, DONNA
Address	4701 LONE PINE COURT
City-State-Zip:	FORT MYERS FL 33905

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: JOSEPH M MADDEN JR**REGISTERED AGENT****03/25/2013**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date