

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000094885

Entity Name: JAIME JENKINS PHD PLLC

Current Principal Place of Business:

9414 SW 27 RD
GAINESVILLE, FL 32608

Current Mailing Address:

9414 SW 27 RD
GAINESVILLE, FL 32608

FEI Number: 46-0640048

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JENKINS, JAIME
9414 SW 27 RD
GAINESVILLE, FL 32608 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 JENKINS, JAIME
Address 9414 SW 27 RD
City-State-Zip: GAINESVILLE FL 32608

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAIME JENKINS

PRESIDENT

01/27/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date