

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000166054

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC6434941748**

**Entity Name:** JANICE PETRELLI JENKINS LLC

**Current Principal Place of Business:**

8418 BERESFORD LANE  
JACKSONVILLE, FL 32244

**Current Mailing Address:**

8418 BERESFORD LANE  
JACKSONVILLE, FL 32244

**FEI Number:** 47-2183495

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SANTORO, THOMAS C  
1700 WELLS ROAD  
SUITE 5  
ORANGE PARK, FL 32073 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	Title	AMBR
Name	JENKINS, JANICE	Name	JENKINS, JANICE
Address	8418 BERESFORD LANE	Address	8418 BERESFORD LANE
City-State-Zip:	JACKSONVILLE FL 32244	City-State-Zip:	JACKSONVILLE FL 32244

*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:** JANICE PETRELLI JENKINS

**PRINCIPAL**

**01/12/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date